

DOCUMENT RESUME

ED 191 942

UD 020 829

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TITLE An Evaluation of the Impact of HEW Assistance on Recent Immigrants in the State of Hawaii. A Study of Health, Education and Welfare Service Delivery to Hawaii Immigrants: Recommendations to the U.S. Department of Health, Education, and Welfare.

INSTITUTION Office of the Governor, Honolulu, Hawaii. State Immigrant Services Center.

SPONS AGENCY Department of Health, Education, and Welfare, Washington, D.C.

PUB DATE Jan 79

CONTRACT C-9-77-0012

NOTE 171p.: Appendices may be marginally legible due to broken type.

EDRS PRICE MF01/PC07 Plus Postage.

DESCRIPTORS Bilingual Education: *Cultural Differences; *Delivery Systems: Education: Employment Programs: *Federal Government: Federal Programs: *Government Role: Health Services: *Immigrants: Language Proficiency: *Social Services: State Government

IDENTIFIERS *Hawaii

ABSTRACT

This study identifies the problems and needs of recent immigrants to Hawaii, identifies those factors that hinder the effective delivery of Federally funded health, educational, and social services to immigrants, and recommends ways in which government agencies can meet immigrant needs in Hawaii. The study is based on a 1978 survey in which immigrant parents, educators, social and health agency workers, immigrant community leaders, and administrators and/or policy makers were questioned regarding problems faced by immigrants. Problems that were identified by all groups were (1) language and communication and (2) cultural differences. Other problem areas identified included education, employment, housing, and health care. Individuals surveyed also rated available services in these areas. The study details the different groups' responses to the survey and discusses Federal versus State responsibility for funding programs to assist newly arrived immigrants. It also presents recommendations for improving the delivery of services to these persons. Appended are notes from local meetings on immigrant related issues, the text of two bills for Federal assistance to immigrants introduced by United States Senator Inouye, a discussion of bilingual education problems, the report of a State Committee on immigrant problems, and a letter outlining a Federal Review of the Title VI programs in Hawaii. (SC) rated available services

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JUL 31 1980

AN EVALUATION OF THE IMPACT OF HEW ASSISTANCE ON RECENT IMMIGRANTS
IN THE STATE OF HAWAII

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A STUDY OF HEALTH, EDUCATION AND WELFARE SERVICE DELIVERY TO HAWAII IMMIGRANTS:
RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEST COPY AVAILABLE

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for

Office of the Governor
State Immigrant Services Center
Honolulu, Hawaii
January 1979

This project has been funded at least in part with Federal funds from the Department of Health, Education, and Welfare under Contract Number C-9-77-0012. The contents of this publication do not necessarily reflect the views or policies of the Department of Health, Education, and Welfare, nor does mention of organizations or trade names imply endorsement by the U.S. Government.

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ACKNOWLEDGEMENTS

This study could not have been possible without the research assistance of Rolando Cruz, Dr. Sheila Forman, Pat Masters and Lolita Baracao. The Kalihi-Palama Inter-Agency Council member organizations and Operation Manong, University of Hawaii staff provided valuable cooperation and assistance in all phases of the project.

FOREWORD

The immigrant situation in Hawaii calls for an objective evaluation of means to integrate immigrants into American society. Almost all immigrants have come with special talents that can make community life richer if appropriately utilized. The culture shock which every immigrant undergoes differs in intensity depending primarily upon the individual's resources and the local community's acceptance of the newcomer.

As a state, Hawaii has accepted the responsibility of assisting immigrants who are residing in the islands to become socially adjusted and economically productive members of society. However, integration as a social process requires time, commitment, funds and the conscious efforts of both immigrants and the host community. In order to maximize individual and community potentials, the Office of the Governor and the Department of Health, Education, and Welfare entered into agreement for this joint study. The specific objective of the study is to evaluate the impact of DHEW funded programs on recent immigrants in Hawaii and the impact of recent immigrants on the existing service delivery system.

The responsibility to implement the agreement was assigned to the State Immigrant Services Center who in turn entered into a subcontracting arrangement with the University of Hawaii to conduct the study. Regular consultation meetings were held to ascertain that the federal and state intent of the study was fully understood. The final responsibility for this report lies with the State Immigrant Services Center.

It is hoped that this report will provide both public and private agencies and the general public with information that will make us more sensitive to the needs of immigrants and thereby facilitate immigrants' participation in our continuing efforts in building a dynamic American society.

Bienvenido D. Junasa
Director
State Immigrant Services Center

ABSTRACT

The 1965 amendments to the Immigration and Nationality Act, had and continues to have a significant impact. Hawaii and a few other states attract a large number of immigrants. This study attempts to provide additional information to the State of Hawaii and the U.S. Department of Health, Education and Welfare (Region IX, Office of Delivery Assessment). The objectives of this study are: (1) to identify the problems and needs of recent immigrants to Hawaii; (2) to identify those factors which hinder the effective delivery of services to immigrants; and (3) to recommend ways in which DHEW and other agencies can meet immigrant needs in Hawaii.

The study is based on a survey taken in 1978. There are five samples: (1) immigrant parents n=22, (2) educators (teacher aides, teachers, vice-principals, principals) n=22, (3) social and health agency workers n=44, (4) immigrant community leaders n=14, and (5) administrators and/or policy-makers n=15.

The two problems that were identified by all five samples are: (1) language and communication and (2) cultural differences. These problems were seen by respondents as closely related to each other and to other problem areas such as jobs and education. Overwhelming majorities of social services and health workers and community leaders estimated that over 50% of the immigrant population did not use public services because of their difficulty with the English language. "Jobs" was identified as a major problem by health and social workers, community leaders, and decision-makers MOST often. Housing was identified by two samples--health and social workers and community leaders. The parent group listed the problem of local and immigrant students' relationship as one of the major problem. When asked to rate the importance of various services, all samples chose "schools" and "jobs" as "very important".

Three samples, health and social workers, community leaders, and decision-makers,

gave more detailed information of the types of problems immigrants encounter in health, education, jobs, welfare, housing, child care, immigration and naturalization. Some of the samples had slightly different priorities (according to frequencies of responses). The problems in the health area were: cost of services, lack of awareness of services, language and communication. The problems in the job area were: language and communication, appropriate skills and qualifications, availability of jobs and discrimination. Housing related problems were: high rents or lack of money and overcrowding/large families. All samples listed the following problems facing immigrant children in the schools: language and communication, school adjustment, local-immigrant student relationship and cultural differences.

All five samples were asked to rate various services on four dimensions: importance, availability, ability to influence and satisfaction. In general, most samples rated these services on the mid-point scale (e.g. "satisfied" on a scale based on "very satisfied", "satisfied", and "not satisfied"). Some of the negative ratings for the different services are: Health on the dimension of "ability to influence"; Jobs on "availability", "ability to influence" and "satisfaction"; Welfare on the dimension of "ability to influence", and Housing on "availability".

A series of questions were asked to elicit opinions about the types of programs or activities needed and which are appropriate for government. The responses were organized into three categories:

1. Program areas such as job training and placement
2. Service delivery approaches such as the use of bilingual staff outreach workers
3. Funding and Federal-State relations.

The most frequently mentioned program area was job placement and training.

The service delivery approaches in order of frequency of mention were:

(1) bilingual staff (2) orientation (3) referral and resource project (4) English language training (5) transportation and (6) training, research and coordination. "Outreach" was consistently incorporated in various other approaches and was not therefore listed as a separate category. The most frequently identified need was for bilingual para-professional and professional staff. This recommendation to hire bilingual staff presents difficulties because of the many competing demands for state funds, licensing requirements, preference for local experience and recommendations, union regulations, durational requirements or preference, etc.

There is a wide range of opinions as to which level of government should be responsible for funding programs to assist newly arrived immigrants to the State of Hawaii. The degree and types of overlap and/or coordination of the different levels of government must be continuously addressed. All of the groups felt that the State and the Federal government do not adequately meet the needs of immigrants in the State of Hawaii. There is a strong persistent view expressed by all groups that government has a responsibility to fund programs to help immigrants. Some of the ways of funding programs were identified:

1. Block or ratio grant such as the "New Americans Education and Employment Assistance", a current U.S. Senate bill which would provide sums to a locality depending on the number of immigrants
2. Specific grants or State legislation benefiting immigrants such as funds for an immigrant health project
3. Other federal grants or State programs that could be directed to immigrants as a specific target group such as programs for the elderly or vocational education

4. Programs that give priority points for sub-groups such as non-English speaking or ethnic minority groups.

State resources must be organized to adequately seek more federal assistance.

Immigrants and other minority groups who do not have equal access to services and opportunities have articulated their complaints as civil rights issues. Three departments of the State of Hawaii (Education, Health, Social Services and Housing) have come under severe criticism and/or investigation by individual immigrants, community groups and the DHEW Office of Civil Rights to assure compliance with regulations and Civil Rights laws. Various ethnic minorities in Hawaii (local-born or immigrant) also see their under-representation in higher education and employment as civil rights issues.

The last chapter of the study lists some of the recommendations which were made throughout the report.

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I. INTRODUCTION

Since Hawaii achieved statehood, its population has grown at nearly twice the national average rate. This phenomenal growth rate is at least partly due to the influx of immigrants into the State. Hawaii's recent history of importing workers from Asia and elsewhere for its plantations, as well as its geographic proximity to Asia and the Pacific, in part explain its multi-ethnic and large immigrant population. The 1965 amendments to the Immigration and Nationality Act had, and continue to have, a significant impact on the State. The Hawaii Department of Health reports, for example, that the foreign-born population of Hawaii in July, 1975 was approximately 105,765 or 12.7 per cent of the entire population.¹

This is four times the national average and the highest ratio in any state.² As a consequence, the services required by immigrants demand the attention of many private and public entities as well as local and Federal agencies.

The major government concerns in Hawaii, insofar as the latter is a preferred immigrant entry point and resettlement area, therefore include: (a) providing new immigrants with services, (b) meeting the corresponding responsibilities which

this implies at various government levels, and (c) monitoring population growth and the resulting strain on State resources.

The Governor of Hawaii, as well as other responsible State officials, believe that Hawaii is assuming an "unequal burden" and have therefore urged the Federal government to examine its immigration policies and to provide the State financial assistance in health, education and welfare. The State has also initiated statutory changes to discourage immigrants from settling in Hawaii.

Nevertheless, the fact remains that Hawaii has a history of large number of immigrants among its population, and that their needs have to be met. This study was therefore commissioned by the Office of Service Delivery Assessment, Region IX, U.S. Department of Health, Education and Welfare, with a grant to the State Immigrant Services Center, Office of the Governor. The principal investigator was Dr. Amefil Agbayani, Director of Operation Manong, University of Hawaii.

The objectives of this study are:

1. to identify the problems and needs of recent immigrants to Hawaii;
2. to identify those factors which hinder the effective

delivery of services to immigrants; and

3. to recommend ways in which the Department of Health, Education and Welfare could meet immigrant needs in Hawaii.

A. Background Information

With the 1965 amendments to the Immigration and Nationality Act, there was some apprehension that the number of foreign immigrants indicating Hawaii as their intended residence would rapidly increase. The records, however, show otherwise.

The level of annual immigration to Hawaii has remained relatively stable since 1971. According to the U.S. Immigration and Naturalization Service, an annual average of approximately 7,000 foreign immigrants indicated Hawaii as their intended state of residence from 1968 to 1976.³ As of 1975, the population of Hawaii was 833,449, of which 105,765, or 12.7 percent, were foreign-born.⁴ This seems to be a large percentage. But it must be remembered that historically Hawaii has always had a large proportion of foreign-born persons in its population. In 1900 and 1920, for example, 58 percent and 44 percent, respectively, of its population were foreign-born.⁵

However, stable though it may be, the number of immi-

grants entering Hawaii annually has added to the over-all population. Immigrants comprise a special group whose increase in number demands a corresponding increase in Hawaii's government and social services to meet its unique needs, specially during the transitional phase of immigrant settling and adjustment.

An increase in government and social services, however, almost always demands an increase in spending. As things now stand, Hawaii is not receiving sufficient Federal funding to deliver adequate services, for which the State, because of mandated priorities and fiscal constraints, cannot spend. As a consequence, immigrants do not receive the minimal services others receive.

The literature on immigrants in Hawaii indicates that the major problems facing recent immigrants are in the areas of jobs, education, public assistance and income. These areas are inseparable and inter-related, which suggests that they should be dealt with or coordinated more closely so as to prevent gaps in, and overlapping of services, and to enable both State and Federal authorities to acquire a total picture of immigrant problems.

For a more detailed report on the status and problems of immigrants, Immigrants in Hawaii- 1977, prepared by the State Immigrant Services Center, CMFE, and Population Report: Immigration Trends in Hawaii, issue number 10, September, 1978, are recommended. The following data, however, are presented for further information.⁶ Definitions used in the various reports are specified. A more detailed discussion of the terms used is presented in the next section.

1. "As of July 1, 1975, the foreign-born population of Hawaii was approximately 105,765, or 12.7 percent of the total population. The major sources of foreign-born residents were the Philippines, which accounted for 48,029; Japan, 24,144; China and Taiwan, 7,169; and Korea, 4,901. The native-born population totalled 724,758. These included 536,709 born in Hawaii, 181,000 born in other states, and 7,049 from U.S. territories and possessions."
2. "Aliens in January 1977 totalled 68,567, or 45.9 percent more than the number in 1967. Of this number, 31,598 came from the Philippines; 13,622 from Japan; 5,767 from Korea; 2,847 from Taiwan and China; 2,680 from the United Kingdom; and 2,395 from Cambodia, Laos or Vietnam. These figures do

not include naturalized citizens and persons born abroad to American parents."

3."In the fiscal year ending June 30, 1976, 7,789 immigrants admitted into the U.S. gave Hawaii as their intended state of permanent residence. The largest groups by nationality were from the Philippines (3,222) and Korea (1,515). During the same period 3,130 aliens in Hawaii were naturalized. Both figures were the highest in many decades, except those in a questionable 1970 immigrant count."

4."Net growth in the alien population of the State falls far below the total for immigrants admitted. During the eight-year period ending June 30, 1976, an annual average of 7,158 immigrants were admitted, but the average annual increase in the alien population amounted to only 2,451. The annual gain was diminished, on the average, by 2,493 naturalizations, 992 alien deaths and a net loss from emigration and inter-state migration estimated at 1,222. This last figure includes both older aliens who have returned to their countries of origin and the more recent arrivals who have moved to the Mainland."

5."As of the spring of 1976, 87.6 percent of the population

were native-born, 4.7 percent were naturalized citizens, 0.3 percent were U.S. nationals, and 7.3 percent were aliens. On the Big Island, 4.8 percent were aliens; on Lanai 19.6 percent. Only 3.9 percent of all persons below 20 years old were aliens, compared with 17.6 percent of those 60 and over."

5. "Statistics on the social, demographic and economic characteristics of the population by place of birth are available from the Hawaii Health Surveillance Program Survey. Data for a three-year period centering on July 1, 1975 include the following highlights:

- a. Four-fifths of the foreign-born population and nine-tenths of the Mainlanders live on Oahu. The proportion of foreign-born ranges from 8.8 percent on the Big Island to 18.9 percent on Kauai.
- b. Foreign-born residents are usually older than their native-born counterparts. Median ages in 1975 were 26.9 years for persons born in Hawaii, 29.1 for Mainlanders, and 38.3 for those born abroad. Only 6.3 percent of the population was under 20 years of age, but 35.3 percent of those

60 and over were foreign-born. Among persons born abroad, median ages were lowest for those from Indo-China (24.4 years) and highest for the Japanese (53.5 years)."

- c. In 1975, there were 86.4 males per 100 females for all residents born abroad; this ratio ranged from 54.7 for the Japanese and 55.5 for the Indo-Chinese to 130.2 for Filipinos.
- d. Almost a tenth of the foreign-born in 1975 were members of the armed forces or their dependents.
- e. About half of all foreign-born residents in 1975 had lived in Hawaii ten years or longer.
- f. The educational level of foreign-born adults was significantly lower than that of residents born in Hawaii or on the Mainland. Among Island residents 25 years old and over in 1975, 81.5 percent of those with no formal schooling, 63.2 percent of those who had completed 1 to 4 years of school, and 28.5 percent of the group with 5 to 8 years completed were foreign-born. At the other end of the scale, only 14.0 percent of

the adults with 1 to 4 years of college and 9.4 percent of those who had completed one or more years of graduate school were foreign-born.

- g. The occupational status of foreign-born workers is generally lower than that of persons born in Hawaii or the other 49 states. Among professional and technical workers, for example, only 8.4 percent of the males and 8.2 percent of the females were foreign-born. For household and service workers, the corresponding percentage ranged between 20 and 29.
- h. Foreign-born workers in 1975 were over-represented in agriculture and manufacturing and under-represented in finance, insurance and real estate and public administration. In agriculture, for example, a fourth of all workers were foreign-born, while only 4.7 percent of all public administration employees were in that category.
- i. In 1977, the Hawaii State Department of Education counted 9,340 students in public elementary and secondary schools who had limited English-speaking

ability: 1,133 who were monolingual in a different tongue; 1,342 for whom their original language was dominant; 4,136 who were bilingual; and 2,739 for whom English was dominant. The most common original language among the 9,340 students were Ilocano (3,232), Samoan (1,595), and Korean (1,057).

- j. Approximately a third of all public welfare cases receiving financial assistance as of March, 1978 had been born elsewhere, and only 4.8 percent had lived in Hawaii less than one year. Both figures are generally consistent with data for the total population. Far higher proportions of Mainlanders and foreign-born residents were participating in the food-stamp program.
- k. In 1975, the median income among immigrants residing on Oahu was \$6,928 compared to \$10,192 for all Oahu residents."

B. Research Methodology

The research staff reviewed existing documents and interviewed numerous immigrants and service providers over a

twelve-month period. The research activities included a review of existing literature, sample selection, questionnaire construction, interviews, and data analysis.

1. Sample Selection

To meet the objectives of the study, the informed opinions or perspectives of various types of individuals and groups were obtained. The staff identified five types of respondents whose opinions are valuable in understanding issues related to services in education, health and welfare for immigrants. These five sample groups were:

a. Direct Service Agency Personnel in Health, Welfare and Social Services (HW). Sample size= 44. The project staff identified agencies which provide direct services in the areas of health, social services and welfare. The individuals interviewed had direct contact with immigrants as providers of services, since the assessment of the impact and effectiveness of services as well as suggestions for better service, can be done more appropriately by individuals who have frequent direct client contact. The findings from this sample will therefore be extremely valuable in themselves, as well as in comparison with the other samples.

The workers selected as typical of this sample group were a bilingual outreach worker attached to a health clinic, and a staff worker in a food stamp office.

The agencies contacted were initially identified by the project staff from three inventories of programs and agencies: (a) the Health and Community Services Council Inventory of Agencies, (b) the Directory of Agencies Serving Immigrants compiled by the Kalihi-Palama Inter-Agency Council for Immigrant Services and the State Immigrant Services Center, and (c) a computer listing of programs receiving H.E.W. funds during 1977-1978. Both H.E.W. assisted and non-H.E.W. assisted agencies were included in the final sample because some of these agencies provide services to immigrants and may be eligible for H.E.W. assistance.

The sample selection was on a non-random basis because no complete listing of all existing programs and agencies is available. To draw up such a listing would require much conceptual agreement among the units, each with multiple characteristics, to be included in such a listing. It is also a large enough task to be a separate research pro-

ject in itself. The sample selection of agencies was a modified quota sample to insure that the important characteristics of agencies and personnel were included. The final sample of 21 agencies was selected on a non-random basis and had the following characteristics:

1. administered by State (7), private (13),
Federal (1)
2. funded by State and Federal (5), private
(4), Federal and private (6), Federal (2),
State (2)
3. program area: health (7), welfare (2),
referral and multi-service (10)
4. H.E.W. funded (13), non-H.E.W. funded
(8)

The final sample of 44 Health, Welfare and Social Service workers were in the following areas: health (17), welfare (15), referral and multi-service (12). Approximately 30 were bilingual. The final sample of 44 came from the following agencies:

1. State Health Planning and Development
Agency (SHPDA)

2. Department of Health - Health Education
and Bilingual Aides
3. People's Coalition
4. Department of Social Services and Housing -
Public Assistance
5. Kalihi-Palama Immigrant Service Center
6. Kokua-Kalihi Valley
7. Maryknoll Sisters
8. Susannah Wesley Center
9. Health and Community Service Council of
Hawaii
10. Hawaii Planned Parenthood
11. Hale Ho'Ola Hou
12. Vietnamese and Indo-Chinese Volunteer
Assistance, Inc.
13. DSS - Social Services/Win
14. Immigration and Naturalization Service
15. Mental Health - Department of Health
16. Kalihi-Palama Inter-Agency Council
17. Catholic Social Services
18. Cosmopolitan Social Services

19. Larakila Rehabilitation Center/Crafts

20. Family Planning Project (DOH)

21. ACTION (VISTA some included above)

b. Educators (Educ). Sample size = 22. There were basically three types of respondents in this sample - principals, teachers and teacher aides. The seven principals were from schools with a high percentage of immigrant students in the Honolulu and Leeward school districts. The teachers and teacher aides were employed in a summer school for immigrant youth funded by the Indo-Chinese Refugee program. These 22 respondents constituted a group with direct contact with immigrant children. They therefore had valuable insights, specially with respect to the education of immigrant children.

c. Parents. Sample size = 22. A total of 22 immigrant parents whose children were attending two summer educational programs for immigrant children were interviewed. These programs were conducted by the Department of Education and were funded by the Indo-Chinese Refugee funds and Operation Manong, a University of Hawaii program. The questionnaire for this group was much shorter than that for any of the other

sample groups and had a special focus on education.

d. Immigrant Community Leaders (CL). Sample size = 14. Agency workers and community groups were asked to identify immigrants whom they considered leaders. A total of 14 immigrant leaders active in the community were personally interviewed by the project staff or agency worker or responded to written questionnaires. The sample consisted of the following immigrant leaders: Filipino (6), Samoan (4), Indo-Chinese (2), and Korean (2).

e. Administrators and Policy-Makers (PM). Sample size = 15. A total of 15 higher-level administrators and/or policy-makers identified by the project staff as having significant input and/or information about the direction of their departments, as well as policies and programs with an impact on immigrants were included in the final sample. This sample included directors of private agencies, department heads or their assistants in State agencies, as well as members of appointed or elected policy-making boards. Respondents were from the State Department of Education, State Department of Health, Department of Social Services and Housing, State Health

Planning and Development Agency (SHPDA), the Board of Education, and Executive Directors of private agencies. Of the 15 respondents in this sample group, there were five each from health, education and welfare.

2. Data Collection and Interpretation

The interviews were conducted in a variety of ways, including group interviews in which written questionnaires were answered by respondents, with a member of the research staff providing assistance. There were also telephone and personal one-to-one interviews, as well as written ones sent in by mail or picked up by a member of the project staff after the respondent was finished. The interviewees were given these options to accommodate their work schedules and time preferences.

Approximately 80 percent of the questions in each of the questionnaires were identical for all five samples. The remaining 20 percent differed for each group--e.g., Educators and Parents were asked more questions on Education rather than on State and Federal assistance. The questionnaires were in English due to the limited resources available, which precluded translations into at least four languages, and

because the sample groups were made up mostly of immigrants who were either fluent in English as well as their own languages, or else were monolingual English speakers. In addition, the members of the research staff were bilingual and could answer questions in both English and the interviewee's own language.

It must be emphasized that the sample is non-random and is descriptive only of the sample interviewed. Interpretations beyond the sample would not be valid, although the sample's opinions may be indicative of the opinions of persons similarly situated and with the same characteristics. No summary findings are presented for all five sample groups because there is such a variety in the sample sizes. In addition, it was important to keep the findings separate for comparative purposes: i.e., it is certainly important to identify and compare the differing perceptions of the various segments of the community.

The level and sophistication of the quantification in this study does not meet the standards for statistical manipulation of ratio numbers. The numbers in the study should be regarded only as indications of ordering rather than as exact ratio-type numbers. In short, the numbers are best seen as rankings, in comparison with other numbers for

each sample group.

C. Definition of "Immigrant"

The most important word in this study is the word "immigrant," for it refers to the population under study. The word has been used in a multitude of ways in government reports, statistics and various everyday uses by different people. Differences in its definition have implications on the collection and interpretation of data, on community attitudes and public policies and programs. Since there is no single definition of "immigrant" appropriate for all purposes, most careful observers define the term for their specific purpose. For example, the Immigration and Naturalization Service has a very specific meaning for the gathering of their statistics; they usually use the term "permanent resident alien."

All persons physically present in the United States come within one of the following categories under the Immigration and Nationality Act of 1952:⁷

"1. United States Citizens

"2. United States national- inhabitants of the United States, and the U.S. possessions of American Samoa

and the Swains Islands

"3. Alien- aliens are neither citizens nor nationals of the United States, and they are classified as either immigrants or non-immigrants. An immigrant alien is a person who has entered from abroad and established his permanent domicile in the United States. A non-immigrant person is a person permitted to enter the United States for a temporary period-- e.g., a student or diplomat."

The Kalihi-Palama Inter-agency Council for Immigrant Services polled its member-agencies in 1978 as to their definitions of the term "immigrant."⁸ Of the 21 agencies responding, no two agencies (including some branches of the same agency) had definitions in common." The report identified six criteria used singly or in various combinations by the agencies:

"Criterion # 1: Length of residency. Of the 21 agencies responding, nine (43 percent) mentioned that their definition of immigrant included some specific period of residence after which an individual would presumably no longer be an immigrant. This ranges from one to five years, with more agencies selecting five years as a cut-off point.

"Criterion # 2: Citizenship Status. Six agencies explicitly used citizenship criteria to define an immigrant. The most used categories were 'alien,' or 'non-citizen.' Some agencies specify 'permanent resident' visa status. Another category included by some agencies is the 'U.S. national,' or a person born in U.S. Territory, such as American Samoa. Finally, the definition of immigrant is extended by some agencies to naturalized citizens-- foreign-born persons who have received U.S. citizenship but who meet some of the other criteria .

"Criterion # 3: Foreign Birth. As expected, a large number of agencies defined immigrant according to foreign birth. This is perhaps the most inclusive basis, but unless modified extends the definition beyond practical operational limits. For example, fully 25 percent of the non-military persons in the Kalihi-Palama area would be defined as immigrant if foreign birth were the only basis. Perhaps the easiest way of operationally limiting the application of this criterion would be with a residence criterion.

"The Department of Social Services and Housing's use of 'last address' to identify persons as immigrants if

they give a foreign address is a very broad definition that inflates the number of persons under the category of immigrant/. Persons with foreign addresses can include U.S. military personnel or businessmen assigned abroad, foreign-born persons who have resided in the State of Hawaii for 20 or more years, etc.

"Criterion # 4: Choice of Residency. This is a difficult criterion to measure, yet several agencies have used choice or purpose of residing in Hawaii as a basis for categorizing persons as immigrants.

"Criterion # 5: Parentage. The Public Health Nurses define a child born in the U.S. but of immigrant parentage as an immigrant. This focuses on the family as an aggregate unit, and seems to be the only explicit criterion of its type.

"Criterion # 6: Problem-oriented Criterion. Various agencies included, perhaps improperly, criteria related to some problem as part of their definition of immigrant rather than to define immigrant and set separate criteria for services. Thus, some definitions of immigrant included such criteria as low income, English language deficiency, or lack of information about resources."

The word most frequently used to describe an immigrant is "non-resident." This term has been variously defined and used in many government analyses. The term is broadly used and popularly applies, in Hawaii, to American citizens born in Continental U.S.A. but who reside in Hawaii. More specific and legal definitions are used for tax purposes, voting, and in proposals for limiting public services (to be discussed in the section on 'Programs').

For the purposes of this study, the word "immigrant" or "recent immigrant" has been used to include American Samoans, Indo-Chinese refugees, and persons with permanent resident alien visas who have been in Hawaii since 1972.

Individual respondents in the interviews were also asked to define "immigrant." The responses varied in much the same way as the definitions identified by the Kalihi-Palama Inter-agency Council on Immigrant Services. Each respondent was asked to reply to the questions, utilizing whatever definition or meaning they attached to the word "immigrant." The project team chose this approach because it allowed for varying opinions and at the same time acknowledged that there is no single definition used by all

individuals and groups.

The most appropriate definition of "immigrant" for H.E.W. may, however, be a relatively broad one which can be used together with more specific eligibility criteria for different grants and programs. Two bills before the U.S. Senate may provide that definition. A bill introduced by Senator Daniel Inouye in January 1977, and previously by Congresswoman Patsy Mink, called the "New Americans Education and Employment Assistance Act" (S.234), defines an immigrant as:

"... a foreign-born individual residing in the United States whose residence is based on a permanent residence visa (but this definition does not include any person in the United States ...representing other governments on diplomatic or similar capacities) and American Samoans residing in any part of the United States, other than American Samoa." (See Appendix, part B, p. 3)

In another Senate Bill introduced by Hawaii Senators Daniel Inouye and Sparky Matsunaga to amend the Public Health Services Act (S. 133), there is the stipulation that "individuals

who have resided in the United States for more than five years shall not be considered immigrants for the purposes of this Act." (See Appendix, part C, p. 10)

The immigrants in Hawaii come from many different countries, and therefore from many different linguistic and cultural groups. Although possible, it is extremely difficult to make a study of immigrants in general, with the results applying to all groups. As one policy-maker involved in this study pointed out, it is difficult "to lump all 'immigrants' into a group that would include Vietnamese, Chinese, Koreans, Filipinos, Laotians, and Samoans." In the same vein, a health administrator commented that it was "difficult to answer [the sample / questions as each immigrant group is unique and although they may all share the same problems, there is a difference in how and how long it takes for them to solve a common problem. For example, one immigrant may immediately go to public assistance and welfare for help while another may refuse welfare assistance and take a poor paying job with little dignity. With each ethnic group there are vast differences in the choices individuals will make..."

Many observers also agreed that there is much in

common among the different ethnic groups in terms of their status in the community, their problems, and their difficulties in receiving social services. This fact may be gleaned from the reports of the State Immigrant Services Center as well as those of the Kalihi-Palama Immigrant Services Center. In addition, a cursory review of the responses to various questions by different immigrants in this study reveals a similarity of situations and problems. Given the broad scope and limited resources of this study, the project team feels that it is valid to generalize, since the study also utilizes very broad categories-- e.g., "cultural differences" are identified as a problem rather than as a specific aspect of behavior within each immigrant culture.

II. MAJOR PROBLEMS FACING IMMIGRANTS

The study attempted to identify the problems and needs of immigrants in a variety of ways: (a) through open-ended questions on major problems; (b) through open-ended questions on specific areas (health, employment, education, finances, housing, naturalization, child-care) and information sources for assistance in these areas; and (c) through the rating of services and areas of concern such as jobs, schools,

health in terms of importance, equality of opportunity to receive benefits and satisfaction, and capacity to influence.⁹ All five sample groups were asked the open-ended question, "What do you think are the major problems facing immigrants?"

Responses to these questions were analyzed and summarized into categories. The major problems identified by each sample group are presented below. The numbers in parentheses indicate the number of responses. It should be noted that a respondent can identify more than one problem. Categories in which there were few responses were not included.

Parents

1. Language and communication (17)
2. Cultural differences (7)
3. Immigrant - local student relations

Principals and Classroom Staff

1. Language and communication (18)
2. Cultural differences (16)

Health and Welfare Field Workers

1. Jobs (36)
2. Language and communication (28)
3. Housing (21)

4. Cultural differences (18)
5. Health (11)

Community Leaders

1. Jobs (9)
2. Cultural differences (6)
3. Housing (4)
4. Language and communication (4)

Decision-makers

1. Language and communication (11)
2. Cultural differences (8)
3. Jobs (7)

All the five sample groups identified problems which fall under the two general categories of (1) language and communication, and (2) cultural differences. Although long assumed and already well-documented by many studies, this finding continues to be of significance. The two problems mentioned are closely related to each other and were frequently seen by the respondents as contributing to the difficulties immigrants face in the other problem areas of jobs, education, health, and housing.

An administrator in a health agency relates how the

problems of communication/ language and cultural differences complicate health problems:

"... many new-comers do not seek health services because of their limited or non-English ability and due to the vast differences in medical practices."

In the area of jobs, a social worker remarked that "many fail personal interviews because of language."

Solutions to the problems of language/communication and cultural differences will obviously be varied; they are discussed in more detail in this report in the section on "Recommendations." However, it must be noted that the solutions to these as well as other immigrant problems cannot and must not be shouldered solely by the immigrants themselves. The fact that an immigrant neither speaks the language nor shares the culture of the dominant group does not imply that the only solution is to teach immigrants English and to compel them to adopt the new culture. Rather, the problem should be viewed in terms of the response of the delivery system, given the particular situation of the immigrant-- e.g., it is possible to identify culturally appropriate means of service delivery to immigrants and to provide for adult bilingual classes in

job-training programs.

Three sample groups were also asked to estimate the percentage of immigrants who do not use public services because of language difficulties. Although there is no way to confirm their estimates, the overwhelming majorities of health and welfare workers and community leaders estimated that over 50 percent of the immigrant population did not use public services because of their difficulty with the English language. Decision-makers and administrators estimated that between 25 - 50 percent of immigrants did not utilize public services because of the same difficulty.

A number of recent studies have estimated the number of persons in Hawaii who have difficulties with the English language. These estimates vary. The Health Surveillance survey of the language problems of Hawaii's voting-age population gives a figure of 7 percent for the entire State. Sybinsky, a researcher for the Kalihi-Palama Mental Health Center Branch, did a detailed analysis of language problems in Kahili-Palama, where the ratio of immigrants is 12 per 1000 residents, compared to 3.1 for the State.¹⁰ Sybinsky estimates that "over half of the immigrant adults entering the Kalihi-Palama area for the

year 1975-1976 / had / some sort of language problem" -- i.e., they had "some difficulty understanding English or no ability to understand English." About 10.9 percent (approximately 9,000) of the adult population was in this predicament.¹¹ A conservative estimate of 3,700 children could be added to the adult total, bringing the over-all number to 12,700. The Sybinsky report also points out that the aged and women have high levels of language difficulties.

The definition of language ability in most of the studies mentioned was provided by immigrants themselves; the meaning therefore varied widely. No studies have attempted to measure the proportion of "cultural" problems faced by different immigrant groups.

Other than language and cultural problems, the most frequently mentioned problems were: "immigrant - local student relationships," by the Parent group sample; jobs, by Health and Social Service Workers, Community Leaders and Administrators/Policy-makers; housing by Health and Social Service Workers and Community Leaders. Health was the fifth most frequently mentioned problem by Health and Social Service Workers. Each sample group identified basically the same

problems, although the rank order was slightly different in each group. In summary, then, the top three problems of immigrants would appear to be (1) language and communication, (2) cultural differences and (3) jobs.

All the sample groups were also asked to identify whether a particular problem was Very Important, Important, or Not Important to immigrants. The results are in the chart which follows. There are two ways of looking at these results: (1) to look at each service or problem area and see how each is rated by the various sample groups (horizontally), or (2) to look at each sample group in order to get their respective ranking in each service or problem area (vertically).

CHART A

The symbol * indicates "Very Important," + "Important," and - "Not Important."

	Parents	/ Educ.	/ Health & Welfare	/ Comm./	D-M
Schools	*	*	*	*	*
Jobs	*	*	*	*	*
Public Welfare	*	+	+	*	+
Government	*	+	+	-	+
Health Services	*	*	*	+	+
Housing	*	*	*	*	*
Banking	+	*	+	+	*

	Parents	/ Educ.	/ Health & Welfare	/ Comm.	/ D-M
<u>Social Services</u>	*	*	+	+	-
<u>Newspapers, TV, etc.</u>	*	*	+	+	+
<u>Transportation</u>	*	*	*	*	*
<u>Police and the Courts</u>		+	+	+	+
<u>Recreation</u>	+	+	+	+	+

"Schools," "Jobs," and "Housing" were rated "Very Important" by all the sample groups. "Health" and "Transportation" were rated by four of the five groups as "Very Important." Parents identified schools most often. All the other sample groups identified the area of "Jobs" most frequently, followed by "Schools." In summary, the first two problems considered by all groups as very important were "Schools" and "Jobs."

The only area rated as "Not Important" by a large majority was "Government." The attitude implied in this response may be reflective of the legal status of immigrants who have no voting power.

A. Health

Health and Social Service Workers, Immigrant Community Leaders, and Administrators/ Policy-Makers were in near agreement on the three most frequently mentioned problems:

Health and Social Service Workers (n= 44)

1. Cost of services (14)
2. Lack of awareness of resources (13)
3. Language and communication (7)

Community leaders (n= 14)

1. Lack of awareness of resources (5)
2. Cost of services (4)

Administrators & Policy-makers (n= 15)

1. Language and communication (4)
2. Lack of awareness of resources (3)

These three problems are closely inter-related and are frequently mentioned in various combinations. An outreach worker, for example, said that "immigrants do not go to a doctor unless they are seriously ill because of high medical costs." Another respondent felt that "medical insurance and medications are too expensive when only a meager income is obtained to support an extended family." A health worker said that immigrants "tend to delay getting medical treatment or evaluation mostly due to financial problems... despite being eligible at Community Health Centers. Immigrants are / too ashamed, too proud."

Other Health and Social Service respondents also identified language and cultural differences as barriers to immigrants' being informed about services and their utilization. A Community Leader did not give details, but felt that "religious and cultural values hinder /the immigrant from/ seeking assistance for health purposes." This view was shared by a Health Administrator who said that "many newcomers do not seek health services because of their limited or non-existent ability to speak English and due to the vast differences in medical practices."

One Health Worker felt that immigrants were not receiving health services because they have problems in "understanding how to enter and utilize the American health care delivery system... /neither do they have/ basic information on what services are provided by government, government-funded or -operated services and, perhaps, what attitudes... some of the professional providers /of services/ have." This view was shared by a Health policy-maker who saw a need to better assess "actual immigrant health needs... not 'Western' health problems, data... /we must/ find bilingual outreach workers and collect/ analyze /appropriate/ data."

The same policy-maker also cautioned health service providers against trying to "Americanize" immigrants--"the immigrants' ways are sometimes better than ours-- we need to emphasize more positively the way they live."

When asked to whom immigrants turned if someone were ill, the three sample groups (Community Leaders, Health and Social Service Workers and Administrators/ Policy-makers) identified "friends and relatives." This informal network of assistance and referral is difficult to pinpoint and hard to fully utilize for programmatic planning of health care delivery. This network, however, was consistently identified in all the other problem areas, suggesting that it is probably more extensive than suspected and more used by immigrants than by locally-born residents. Many scholars have mentioned this informal network (defined as "that movement in which prospective migrants learn of opportunities, are provided with transportation, and have initial accommodation and employment arranged by means of primary social relations with previous immigrants").¹² The perpetuation of the network is apparently further encouraged by the visa preference system for immediate relatives. One study in

Chicago documents the ways in which earlier immigrants provide a supportive network for later arrivals.¹³ The Pacific and Asian Elderly research project is also typical of studies which recognize the importance of these networks and the need for research on them.¹⁴

After "family and friends," Health and Social Service Workers and Administrators/Policy-makers identified "private doctors" as entities to which immigrants would turn for assistance. Health and Social Service Workers also identified "free clinics"-- these are generally government-funded clinics which provide x-ray services and immunizations.

Respondents were also asked to rate health services as to their importance, availability, immigrants' ability to influence, and whether or not they were satisfactory. Most groups rated health as "Very Important" to immigrants and were generally positive in their evaluation of the services provided. Health and Social Service Workers in significant numbers, however, were dissatisfied with the services and felt that these were not equally available. Significant numbers of Administrators/Policy-makers also felt that services were not equally available and that immigrants never influenced health programs. Significant

numbers of parents were also dissatisfied with health services.

(See Table I)

TABLE I--HEALTH SERVICES

There were three possible responses with regards to each of the four dimensions: 1. Importance 2. Availability 3. Influence 4. Satisfaction. On Importance the responses were: very important, important and not important; On Availability: equally available, available and not equally available; On Influence: influence often, influence and never influence; On Satisfaction: very satisfied, satisfied and not satisfied.

Those with an (x) indicate a significant number (about 25 percent) rated the dimension negatively.

	<u>Importance</u>	<u>Availability</u>	<u>Influence</u>	<u>Satisfaction</u>
<u>PARENTS</u>	very important	equally available	influence often	satisfied (x)
<u>EDUCATORS</u>	very important	available	influence	satisfied
<u>HEALTH AND SOCIAL WORKERS</u>	very important	available (x)	influence	satisfied (x)
<u>COMMUNITY LEADERS</u>	very important	equally available	influence	satisfied
<u>DECISION MAKERS</u>	important	available (x)	never influence(x)	satisfied

B. Jobs

Health and Social Service Workers, Community Leaders, and Administrators; Policy-makers were in agreement as to the problems immigrants face in getting employment in Hawaii.

"The language barrier," "poor" or "unacceptable" training and experience, were mentioned often as to what these problems were. Those most frequently identified by the sample groups were:

Health and Social Service Workers (n= 44)

1. Language and Communication (31)
2. Appropriate skills/ qualifications (7)
3. Job availability (7)

Community Leaders (n= 14)

1. Language and communication (6)
2. Appropriate skills/ qualifications (5)
3. Discrimination (3)

Decision-makers/ Administrators (n= 15)

1. Language and communication (3)
2. Appropriate skills/ qualifications (3)
3. Availability of jobs (2)
4. Discrimination (2)

The problem mentioned most frequently by all groups as a barrier to employment was language and communication ("They are scared to go to the employment office because they cannot speak good English."). One Health and Social Services Worker felt that "those with little education are hard-up looking for a steady job because they can't understand and speak English." Another health worker mentioned oral English as a problem, and said that "many fail personal interviews because of language."

The second most frequently mentioned problem is that of skills and qualifications. The terms "appropriate" and "qualified" when used to describe training and experience have many implications to immigrants. For many respondents, these terms indicate built-in barriers for immigrants who apply for positions but who do not have "local experience" and "local references." One health worker felt "strongly" that government and the community "should recognize some of the immigrants' training, education and experience that they acquired in their own country." A Community Leader said that "the key word that identifies the cause of employment problems for immigrants is 'suitable.'" This same problem was

mentioned by a Health Worker: "professional and skilled workers ... hardly find jobs in their specialized education or training." The term qualified was frequently seen as meaning the exclusion of the relevant experience and training acquired by immigrants in their home countries. Another Community Leader, however, said that "too many come to Hawaii without saleable skills so they work at low-paying jobs."

Decisions-makers and Community Leaders also identified the lack of equal opportunity and discrimination as immigrant problems in getting jobs. A Community Leader said that immigrants are often looked upon as "lower class... despite good educational backgrounds." A Decision-maker bluntly stated that "racist hiring is a factor in explaining problems facing immigrants applying for jobs." One health worker put it in the following terms: "prejudice among employers in general." To another health worker, however, the immigrant job problem is due to "lack of self-confidence."

Job availability was another factor identified by Health Workers and Decision-makers. The unemployment rate for Hawaii is above the national average. In November 1978, it was a high of 8.1 percent.¹⁵

Three sample groups (Health Workers, Community Leaders and Decision-makers) said that immigrants "lack money" and are "under-employed or unemployed." Only a few Health Workers identified "low-paying jobs" as a reason for "lack of money." One Community Leader felt that there was "not enough earned for a high standard of living and large families." One Health Worker noted that immigrants "have to work at two or three jobs."

For assistance and information on jobs, Decision-makers, Community Leaders and Health Workers identified "friends and relatives" as the source immigrants turn to most frequently. Unlike in other areas, non-informal networks such as newspapers and the State Employment Office were also mentioned as sources of information.

In the comparative ranking of various areas of concern, "jobs" was rated "Very Important" by all five groups. The area of "jobs" was most frequently evaluated negatively by all groups, compared to any other area. Overwhelming majorities of parents, Health Workers, Community Leaders and Decision-makers rated "jobs" as "not equally available" to immigrants. Majorities in all groups also rated this area as one in which immigrants

were "not satisfied," and said that immigrants "never influence" this area.

It would appear then that the problem of adequate employment should be given the highest priority and is closely related to all other immigrant concerns and problems. (See Table II)

TABLE II--JOBS

There were three possible responses with regards to each of the four dimensions: 1. Importance 2. Availability 3. Influence 4. Satisfaction.
 On Importance the responses were: very important, important and not important;
 On Availability: equally available, available and not equally available;
 On Influence: influence often, influence and never influence;
 On Satisfaction: very satisfied, satisfied and not satisfied.

Those with an (x) indicate a significant number (about 25%) rated the dimension negatively.

	<u>Importance</u>	<u>Availability</u>	<u>Influence</u>	<u>Satisfaction</u>
<u>PARENTS</u>	very important	not equally available (x)	influence	not satisfied(x)
<u>EDUCATORS</u>	VERY important	available	influence	satisfied
<u>HEALTH AND SOCIAL WORKERS</u>	very important	not equally available	never influence	not satisfied
<u>COMMUNITY LEADERS</u>	very important	not equally available	never influence	not satisfied
<u>DECISION MAKERS</u>	very important	not equally available	never influence	not satisfied

C. Education

All the sample groups were asked an open-ended question on the problems immigrants and their children have in education. All the groups identified "language and communication" as a problem. "Cultural differences" and "local-immigrant student relationships" were identified frequently by Parents and Educators. "School adjustment" was also mentioned. This is a very broad term referring to problems some children experience in the school setting, such as trying to understand the core curriculum in their schools, anxiety over grades, and uncertainty as to what to expect from teachers. Some sample group members said that schools were "inadequate" and "lacked trained teachers" for immigrant children. These comments, while too general, nevertheless included such specific complaints as irrelevant curricula and the lack of bilingual teachers and tutors. Only Health Workers identified "lack of school discipline" as a problem.

The responses to the open-ended questions on education are as follows:

Health and Social Services Workers

1. Language and communication (23)
2. School adjustment (13)

3. Inadequate schools (9)
4. Lack of school discipline (5)
5. Lack of parent interest (3)

Parents

1. Language and communication (17)
2. Cultural differences (7)
3. Local-immigrant student relations (6)

Educators

1. Language and communication (18)
2. Cultural differences (16)
3. Lack of information about school programs (3)
4. Inadequate schools (4)
5. Local-immigrant student relations (3)

Administrator/ Policy-makers

1. Language and communication (6)
2. School adjustment (5)
3. Inadequate schools (3)
4. Lack of information about schools (2)

Community Leaders

1. Language and communication (4)
2. School adjustment (3)
3. Cultural differences (2)

4. Inadequate schools (2)

A frequent sentiment was that of a health worker: "It is very hard for the child and parent to understand the school system without an interpreter."

One education Policy-Maker said that there is a lack of "acceptance as full and equal partners in classrooms with due respect for /immigrant/ differences /as well as/ special attention to help them know what is expected behavior and how they can remain themselves."

A Social Service worker observed that "children feel ashamed because of accent and have a hard time understanding what teachers are saying." Another respondent saw the "imposition of the American educational system on the child" as a major problem.

For information and advice on school-related problems all the groups agreed that immigrants would turn to "friends and relatives," followed by the school itself.

Education, or "schools" was one of the areas evaluated by all the sample groups on the bases of four criteria: importance, availability, immigrant capability to influence, and satisfaction with the program. In general, all the groups positively evaluated

schools. A majority of Community Leaders and a significant number of Decision-makers rated schools as an area immigrants could "never influence." Three groups (Parents, Educators and Community Leaders) had significant numbers who were "not satisfied" with schools. (See Table III)

D. Welfare

Several questions on financial problems, including where immigrants would turn to for help, were asked. Health Workers, Community Leaders and Decision-makers were asked where immigrants would turn to for loans of around \$300.00. As in other areas, the three groups identified "friends and relatives" as the primary source of such assistance. Very few identified the welfare office as a place from where to obtain financial help. For a large loan of about \$3,000.00, however, all three groups felt that immigrants would go to a bank or a loan company.

In contrast to the other areas, welfare concerns were not frequently identified as "very important" by all sample groups, except Parents. All groups felt that immigrants never influence welfare policies and decisions. They were, however, moderately satisfied with welfare services and their

TABLE III--EDUCATION

There were three possible responses with regards to each of the four dimensions: 1. Importance 2. Availability 3. Influence 4. Satisfaction.
 On Importance the responses were: very important, important and not important;
 On Availability: equally available, available and not equally available;
 On Influence: influence often, influence and never influence;
 On Satisfaction: very satisfied, satisfied and not satisfied.

Those with an (x) indicate a significant number (about 25%) rated the dimension negatively.

	<u>Importance</u>	<u>Availability</u>	<u>Influence</u>	<u>Satisfaction</u>
<u>PARENTS</u>	very important	equally available	influence	very satisfied(x)
<u>EDUCATORS</u>	very important	equally available	influence	satisfied(x)
<u>HEALTH AND SOCIAL WORKERS</u>	very important	available(x)	influence(x)	satisfied
<u>COMMUNITY LEADERS</u>	very important	equally available(x)	never influence(x)	satisfied(x)
<u>DECISION MAKERS</u>	very important	available/equally available	influence(x)	satisfied

accessibility.

Significant numbers of Parents and Educators negatively rated the availability of welfare services and were not satisfied with them. There were also significant numbers of Health Workers, Community Leaders and Decision-makers who were dissatisfied with the services. (See Table IV)

TABLE IV--WELFARE

There were three possible responses with regards to each of the four dimensions: 1. Importance 2. Availability 3. Influence 4. Satisfaction.
 On Importance the responses were: very important, important and not important;
 On Availability: equally available, available and not equally available;
 On Influence: influence often, influence and never influence;
 On Satisfaction: very satisfied, satisfied and not satisfied.

Those with (x) indicate a significant number (about 25%) rated the dimension negatively.

	<u>Importance</u>	<u>Availability</u>	<u>Influence</u>	<u>Satisfaction</u>
<u>PARENTS</u>	very important	equally available(x)	never influence(x)	satisfied(x)
<u>EDUCATORS</u>	very important	available(x)	influence(x)	satisfied(x)
<u>HEALTH AND SOCIAL WORKERS</u>	important	available	influence(x)	satisfied
<u>COMMUNITY LEADERS</u>	very important	available	never influence(x)	satisfied
<u>DECISION MAKERS</u>	important	available	never influence(x)	satisfied(x)

One administrator in a privately-funded organization stated that immigrants "under-utilize" welfare benefits and are "underserved in every category." Considering that much of the negative image of immigrants in the community is due to the suspicion that they abuse or are over-represented in the welfare rolls, it would seem that this image is not based on adequate information, as has been argued in such reports as the Health and Community Services Council 1977 Report.¹⁶ The negative concept held by some immigrant groups toward public welfare assistance actually discourages those who are eligible from seeking any help. In some of the immigrants' home cultures, to be on welfare is shameful, if not unfamiliar. A Health Worker thus said that "sometimes my clients refuse to seek help because they think it is welfare help." A Community Leader affirmed that "immigrants generally do not like to depend on social services at first due to pride or mistrust of government."

Another attitudinal barrier to seeking and receiving welfare benefits is fear: immigrants "are scared to seek public assistance," according to one Health Worker. One administrator was more specific and said that immigrants "fear de-

portation" for accepting food stamps, welfare assistance and even unemployment benefits. These types of assistance are associated with the fear of being considered a "public charge" and therefore legally deportable. In addition, some immigrants fear that they will jeopardize the chances of the rest of their family who wish to come to Hawaii. The same administrator in a private agency wrote that U.S. embassies in foreign countries are "requesting sponsors /for immigration/ to present an affidavit from the DSSH certifying that the sponsor has not been on the welfare roll."

Thus to some immigrants, welfare, immigration and naturalization are closely related. The fear that to avail of welfare services is to risk deportation is not as exaggerated as it seems. One amendment proposed for U.S. social service and welfare laws, for example, is contained in U.S. Senate Bill HR 7200 and would exclude elderly immigrants from certain benefits and make them deportable. Andrew Chang, Director of the Department of Social Services and Health, in 13 Jan 1976 public testimony at the Hawaii State Legislature, has recommended that immigrants who receive certain types of welfare assistance be deported.¹⁷

In addition to the fear and negative attitude of some immigrant groups toward receiving public assistance, there is also the negative attitude of the community toward most persons receiving welfare help. In addition, "DSSH has taken an insensitive view toward the provision of services to its new immigrant population... staff persons expressed resentment toward the newly-arrived immigrant for seeking and receiving services from DSSH; they indicated that this feeling was widespread throughout the department."

Public assistance to immigrants therefore seems more complicated than such areas as jobs, education and health, for in one sense, the other areas are considered more "legitimate." The immigrants also have a variety of complex attitudes and fears which act as barriers to their receiving public assistance. One Health Worker pointed out, in this connection the necessity of doing research "on why the immigrants refuse to seek help from public agencies."

E. Others

1. Housing

As far as the problem of housing is concerned, the following three groups identified basically two difficulties:

Health and Social Service Workers

1. High rents/lack of money (30)
2. Overcrowding/ big families (22)

Community Leaders

1. Overcrowding/ big families (5)
2. High rents/ lack of money (4)

Administrators/ Policy-makers

1. High rents/ lack of money (5)
2. Crowded/ big families (2)

Typical of the responses was that of a Policy-maker: "they /immigrants/ need low-income housing. They usually have large families and some landlords do not allow more than five people to live in an apartment or house." A Health Worker said that "when there are lots of kids landlords don't want to rent the house." A Samoan Community Leader felt that "the housing laws conflict with our cultural style... a Samoan family has more than the immediate family living within the house-- the uncle, auntie, grandmother, etc....so this causes a space problem..." Another Health Worker remarked that because of the housing shortage and high rents, "immigrants live in low-income housing or live with friends and relatives. It is common

to see three to four families living in a two- to three-bedroom house."

Housing was regarded as a "Very Important" problem by all the sample groups. In terms of availability, immigrant capability to influence, and satisfaction with housing, most of the respondents were moderately positive. The most negative were the Community Leaders and Administrators/ Decision-makers, most of whom agreed that immigrants "never" influence housing policies and decisions. (See Table V)

TABLE V--HOUSING

There were three possible responses with regards to each of the three dimensions: 1. Importance 2. Availability 3. Influence

On Importance the responses were: very important, important and not important;

On Availability: equally available, available and not equally available;

On Influence: influence often, influence and never influence.

Those with an (x) indicate a significant number (about 25%) rated the dimension negatively.

	<u>Importance</u>	<u>Availability</u>	<u>Influence</u>
<u>PARENTS</u>	very important	equally available	influence often
<u>EDUCATORS</u>	very important	available	influence
<u>HEALTH AND SOCIAL WORKERS</u>	very important	available	influence
<u>COMMUNITY LEADERS</u>	very important	available/equally available	never influence/ influence often(x)
<u>DECISION MAKERS</u>	very important	not equally available(x)	never influence(x)

cultures of most immigrants.

3. Immigration and Naturalization

The problems identified by the three groups in reply to an open-ended question on immigration and naturalization were:

Health and Social Services Workers

1. Lack of understanding about immigration laws 17)
2. Language and communication (10)
3. Long waiting period (8)

Community Leaders

1. Lack of understanding about immigration laws (7)
2. Language and communication (5)

Decision-Makers

1. Lack of understanding about immigration laws (4)
2. Processing/filling of forms (3)

Both community leaders and decision-makers said that the major problems of immigrants is in the area of understanding

2. Child Care

The problems identified by the three groups listed below, in reply to an open-ended question on child care were:

Health and Social Services Workers

1. Lack of finances (18)
2. Finding a reliable babysitter (8)

Community Leaders

1. Lack of finances (3)
2. Finding a reliable sitter (3)

Decision-Makers

1. Parents' lack of time (2)
2. Lack of finances (1)
3. Finding a reliable sitter (1)

The most common problem associated with child care is finances. In the words of a Health worker respondent, "they (immigrants) can't afford a babysitter when they work." For many of the immigrants, a "reliable babysitter" is a very close friend or relative. This "reliable babysitter" is an extension of the practice of the extended family, since paid babysitting is not a familiar practice in the home

immigration laws while the health and social workers ranked language and communication first, followed by the lack of understanding of immigration laws.

Both community leaders and decision-makers also said that the immigrants would first turn to friends and relatives if they have problems with immigration and naturalization matters. Only after that would they seek help from the Immigration and Naturalization Service (INS). The health and social workers, on the other hand, rated INS as the first source, followed by friends and relatives.

III. GOVERNMENT ASSISTANCE TO RECENTLY ARRIVED IMMIGRANTS IN HAWAII

One of the objectives of this study is to identify programs and the ways in which government and the community can be more responsive to the needs of immigrants. To meet this objective, opinions on how well various levels of government respond to immigrant needs and on the role of government and suggestions for programs were asked of the various sample groups. Included in this section are comments on the relationships between various levels of government.

Three questions attempt to elicit opinions about the types of programs or activities needed and which are appropriate for government. The three questions do not refer to a specific unit or level of government (e.g., Federal level, DHEW, Hawaii Department of Education). Additional questions refer to the different levels of government more specifically. The responses to each of the questions were varied in content and degree of specificity. After examination, the responses were organized into three categories: 1) program areas such as "job training and placement," 2) service delivery approaches such as bilingual staff, and 3) funding. The discussion will be organized under these three categories after the responses and questions are presented for Health, Social and Welfare staff. A discussion of the Educators' and Parents' responses will be presented separately because they were much more concerned with education issues rather than other problem areas.

Question A: "What do you think the government should do to help immigrants?"

This was asked of 1) Health and social workers,

2) Educators, 3) Community Leaders and Decision-makers/
Administrators.

	Health & Social	Educators	Community Leaders	Decision Makers/ Administrators
A. <u>Program Areas</u>	Job Placement & Training (12)		Job Placement (5)	Job Placement (3)
	Education (7)		Housing (4)	Housing (2)
	Housing (6)			
	Health (3)			
B. <u>Service Delivery Approach</u>	Bilingual Staff (6)	Orienta- tion (4)		
	Referral/ Resource Cen- ter (5)			
	Orientation (4)			
C. <u>Funding</u>	Funding (7)	Funding (10)	Funding (3)	Funding (6)

Question B: "If your agency could get \$100,000
how would you like to spend this amount
to further service the immigrants?"

This question was asked of Health, Social and
Welfare workers.

1. Program Areas

Health (8)

Job training and placement (7)

2. Service Delivery Approaches

Bilingual staff (16) (non-professional 11, professionals 5)

English language classes (8)

Orientation (5)

Referral and resource (5)

Transportation (4)

Question C: "If your agency could hire three workers
to help the immigrants, what specific
work would you like the new employees to do?"

This question was asked of Health, Social and
Welfare workers.

1. Program Areas

Job training & placement (8)

Health (5)

2. Service Delivery Approaches

Bilingual staff (19)

Orientation & education (11)

Referral & resource (5)

Training, research, coordination (3)

English classes (2)

A. Program Areas

Health and Social Service Workers identified four major areas in response to the question, "What should government do to assist immigrants?" The order of frequency of responses were: Job training & placement (12), Education (7), Housing (6), and Health (3). Health, however, was higher in priority among these workers in response to questions on how they would utilize additional funds and staff.

1. Job training and Placement

The Health and Social Service Workers interviewed see the government as the agency which must provide immigrants with training in order for them to qualify for employment.

In addition they recommended that government itself hire immigrants or provide them assistance in obtaining employment. Like other residents, immigrants see their problems as largely economic-- they are unable to get housing or adequate health care without adequate incomes. Most services are "costly"-- i.e., beyond their means.

The solutions to this problem seem to include the following: job training to upgrade skills for better paying jobs, higher wages, welfare assistance to increase personal resources, lower service costs (e.g., through subsidies for service providers).

It is interesting to note that welfare or public assistance was not mentioned in any of the responses of Health and Social Service Workers and was, indeed, not regarded by them as "Very Important" in reply to an earlier question. These responses would seem to suggest that the preferred type of governmental assistance was that which could provide employment.

The recommended type of "job training and placement program" was not spelled out in much detail by the respondents. They were, however, consistent in identifying "jobs" as a problem and in suggesting that government must help solve it.

We might reasonably assume that the type of job programs appropriate for immigrants may be similar to already-existing job training and placement programs, with, however, modifications in the service delivery approaches (to be discussed below). Various federally-funded programs, such as the Bilingual Vocational Grant and the more general employment and training programs, such as CETA, can provide training and jobs for immigrants.

In addition to the problem of an already high State unemployment rate (8.1 percent in October, 1978), and the problems associated with language and qualifications, there are also community attitudes as well as public policy statements directed against non-residents such as immigrants and persons born on the Mainland. In January, 1977, for example, Governor George Ariyoshi proposed a one-year residency requirement for State and County jobs as a measure to control State population growth.¹⁸ This bill was passed by the State Legislature but was immediately challenged before Federal court, where it was nullified on the grounds that it interfered with the right to inter-state travel guaranteed by the U.S. Constitution. However, a poll conducted by the Honolulu Advertiser in 1978, which asked if respondents would be in favor of or against

a one-year residency law for government jobs, resulted in 56 percent of those asked being in favor, 39 percent against and 5 percent expressing no opinion.¹⁹

It need hardly be said that immigrants would be adversely affected by any proposal that would limit benefits (jobs, welfare, loans, etc.) through durational requirements. The target group for such requirements in Hawaii are American-born citizens from the Mainland taking up residence in Hawaii. There is no question, however, that new immigrants would be adversely affected.

In addition to durational requirements, there are also bills which would give job preferences to those residents who have filed tax returns (i.e., by granting an additional 5 points to examination scores). Other bills would require that recipients of State agricultural loans be State residents, and would limit benefits under State-funded programs to residents.

Besides these changes, several administrative actions meant to encourage the private sector to give local residents employment preference, are under consideration--e.g., an amendment to the rules and regulations for the Hawaii Capital Loan Program requiring that a certain percentage of the employees of loan applicants be residents of the State; and an amendment

to the rules and regulations for the Fisheries New Vessel Construction Loan Program to include residency requirements for loan applicants.

These changes will certainly work against immigrants, who, even without the suggested restrictions, already face formidable barriers as far as obtaining employment is concerned. Although the need for additional State and Federal funding in the area of job training and placement was recognized by all the sample groups in this study, the climate of opinion in the State is such that it will make such a recommendation extremely difficult to carry out. The historical and philosophical foundations of US encouragement of immigration into its territory are generally not regarded as relevant by many Hawaii residents and policy-makers. It is unfortunate that, for a country of immigrants such as the United States, the contributions of immigrants, specially non-Caucasian ones, to the economy and cultural life are not documented, or, for that matter, even acknowledged.

2. Health

Health programs for immigrants must address the problems of cost, lack of immigrant awareness of existing

resources, language and communication difficulties, as well as different cultural practices.

The types of illnesses prevalent among immigrants are identified in some detail by various Department of Health Research and Statistical Reports (e.g., the April 1977 Immigration Section of the State Health Plan and the Kalihi-Palama Community Mental Health Center, Department of Health). Immigrant needs in health, however, can be better understood if the problems are linked with the means to provide appropriate services-- i.e., to approaches to service delivery, which are discussed below.

3. Education

(Adult education problems and programs have been discussed in the section on "Job Training" and will be discussed in the section on Service Delivery Approaches. Education in this section generally would refer only to the education of children below 18.)

Parents and Educators identified several programs and approaches in education in response to questions on how they would use an additional \$20,000.00 and two additional staff workers.

While it is conceptually possible to categorize the responses of Parents and Educators into "Service Delivery Approaches" in the "Program Area" of Education, the responses are not discussed in these terms.

Question B: "If your school could get \$20,000, how would you like to spend this amount to further service immigrants?"

	Parents	Educators
1. Academic	12	10
2. Social, Cultural, Re- creational	5	6
3. English	8	0
4. Parent Involvement	0	3

Question C: "If your school could hire two workers to help immigrants, what specific work would you like the new employees to do?"

	Parents	Educators
1. Academic	16	12
2. Social, Cultural, Re- creational	9	12
3. English	3	6
4. Parent Involvement	0	0

The responses were ranked differently for each of the sample groups on each question. A very rough single order can be obtained by adding the number of responses as though they were responses to one question. The rank order of responses was the same for both Educators and Parents: academic; social, cultural and recreational; English; and parent involvement.

Academic. The programs identified by Educators and Parents were activities which they felt would increase the academic knowledge of immigrant children-- e.g., classes taught by bilingual teachers, assistance by bilingual aides and tutors, tutor assistance in all academic classes, and curricular materials adapted to or specifically written for immigrants.

Social, Cultural and Recreational. The types of activities under this heading were recognized as remedies for immigrant children's unfamiliarity with the school setting and difficulties with "non-academic" problems. These problems included "getting along" with local-born children, disciplinary problems, as well as understanding local culture. The tasks for additional staff persons were described as "liaison" work between locals and immigrants, "counselors"

to help with inter-personal problems, and as "big brothers" or "big sisters" to help increase social participation as well as to act as role models. Most of the responses can be interpreted to mean that a minimum criterion for additional staff persons would be bilingualism and biculturalism so that they can "bridge" the distance between immigrant children and the school setting.

English. Parents and Educators agreed on the need to increase the English language skills of immigrant children. The type of language classes needed was not specified in detail, but included comments such as "Special English class," "tutors in English," and the use of the home language to teach English.

Parent Involvement. Parents did not mention this as a program they would desire. It was, however, the third most frequently mentioned program by Educators.

B. Service Delivery Approaches

Many of the responses of Health and Social Service Workers, Parents and Educators can be classified as suggestions on approaches or ways of providing a service-- e.g., providing health care and information in the language of the immigrant by hiring bilingual staff persons.

There may be some disagreement on what a service delivery approach is, as contrasted to a program area. In this study, approaches are taken to mean the ways in which staff persons identify, recruit and serve clients, the type of skills, characteristics and training required of staff persons, as well as the ways in which information is provided to the prospective client population.

Four major categories of service delivery approaches were used in organizing sample group responses: orientation programs, referral and resource services, English programs, and bilingual staff.

These approaches were frequently identified as complementary, and may be viewed as directly addressing the first two problem areas identified by the sample groups--i.e., "language and communication" and "cultural differences." The suggested delivery approaches could thus be considered as attempts to bridge the linguistic and cultural differences between the immigrant and his host community.

	Question B (\$100,000)	Question C (3 workers)	Total (B & C)
<u>Service Delivery Approaches</u>			
1. Bilingual staff	16	19	35
2. Orientation	5	11	16
3. Referral and Resource	5	5	10
4. English language training	8	2	10
5. Transportation	4	0	4
6. Training, Research & Coordination	0	3	3

The four major "Service Delivery Approaches" in the order of the frequency with which they occurred were (combining the responses to the two questions): (1) Bilingual staff, (2) Orientation programs, (3) Referral and resource centers, and (4) English language programs. One activity mentioned which could be appropriately described as an "approach" was "outreach." Because "outreach" could be a separate category, it would probably be second in priority. For the respondents, "outreach" was a needed activity, in combination with other approaches. It was variously defined to mean seeking out immigrants who needed assistance and who were eligible for it but who underutilized services because of a lack of awareness of the service.

inability to understand the language of the service provider, or cultural unfamiliarity with the service, fear, or "shyness." The four major delivery approaches were the following:

Orientation. Programs under this category would provide immigrants information on the location and availability of social services, the operating rules and practices of different institutions and general information about the community. Most of the suggestions were specific to a problem area-- e.g., orientation for parents about schools. One private agency administrator said that it would be helpful to have a "getting-to-know-my-community format, [in which] immigrants would be provided, upon arrival into their new community, some orientation to their neighborhood, including basic skills of existence (e.g., groceries, banking, schools)." Another administrator described basically the same program as a "welcome wagon."

Referral and Resource. This program would be similar to the orientation program in that it would provide information on social services. In addition to information, however, the program would provide actual referrals to agencies, assistance in filling out forms, outreach, advocacy, and assuring that the

immigrant actually contacts a service provider. A Health and Social Service Worker recommended that the government should, along this line, "start a human resource center where immigrants could go to obtain information about anything-- local resources, jobs, services, schools, etc."

English Programs. Health and Social Service Workers regarded the problem of language as very important to immigrants as well as service providers. Knowledge of the English language was considered necessary for immigrants to obtain employment and to be effective in it, to receive social services as well as to get information about them.

Some of the responses associated language training programs with orientation programs as well as adult citizenship-type classes and vocational or job training programs. It may therefore be useful to structurally incorporate English training programs into other programs (job training, consumer education, recreational or cultural programs). Traditional adult English training programs may not be successful since many immigrant adults work full-time and have family responsibilities. Most of the immigrants are literate in their own language-- perhaps a bilingual approach using their language would be most effective.

Bilingual Staff. The most frequent skill mentioned for additional staff persons was bilingualism and biculturalism, which the respondents often identified as a direct means of solving the communication problems of immigrants and therefore making services accessible to them. A Community Leader said government agencies "should hire people who know and understand the immigrants' language, culture and educational background." One Administrator felt that agencies "should make use of an intermediary who could understand and speak the language." A Health and Social Service Worker, meanwhile, pointed out that "it is very hard for the child and the parent to understand the school system without an interpreter."

It may be relevant at this point to recall a class action suit in 1976 which charged the State of Hawaii's Department of Health with "failing to implement comprehensive programs within the Department to insure that non-English speaking persons in Hawaii have the same ease of access as English-speaking persons to federally-assisted health care services as required by Federal regulations and laws."²⁰ The plaintiff (Mangrobang) and the Department of Health agreed to a judgment that a committee be formed to make recommendations as to "the bilingual service capability

minimally necessary in the Department of Health." The Committee recommended, "based on available data (cutting across job classifications, and combining outreach and non-outreach categories)... an over-all minimum rate of one bilingual worker per 600 non-English speaking health care recipients and public health care recipients per year." Burch states in Research and & Statistics Report # 20 that this figure as of February, 1978, was 39,784 for adults.²¹

The report also pointed out the inadequate bilingual competence of the staff, the need for a variety of bilingual staff (professional and non-professional), for staff familiar with the culture, and assurances that the bilingual staff are actually in positions where they can be used appropriately (e.g., a bilingual researcher may be in an office inaccessible to immigrants).

Although not studied in detail in this project, Health and Social Service workers and Educators were asked the duration of funding for their jobs as well as their incomes. There was a wide difference in incomes between bilingual and non-bilingual staff. The bilingual staff earned nearly half as much as the monolingual staff and were frequently in temporary and part-

time positions (e.g., VISTA, CETA - a Federally-funded Summer Education project). A Department of Education bilingual aide in 1976-77 earned a yearly salary of \$3,996.00 for half-time (8 a.m. - 12 p.m.) schedule.²² A bilingual staff is a high priority need both as per the findings of this study and the various reviews of the Department of Education and Department of Social Services and Housing by the U.S. Office of Civil Rights. In addition to hiring more bilingual staff, it is important that their conditions of service be equal to those of other, regular staff. One problem is that bilingual staff are frequently seen as subordinate and auxiliary -- e.g., bilingual aides in the Department of Education. The aides are frequently used for "classroom discipline, slow-learner tutoring, and other non-instructional tasks such as cafeteria and yard duty" instead of instructional purposes.

One of the main problems in Hawaii is the high unemployment rate and severe competition for jobs. A case in point is among teachers where over 4,000 teachers are on a waiting list to be hired and some teachers are transferred or not re-hired because of a drop in student enrollment. For

many schools with a high proportion of non-English speaking children, there are no teachers or aides available. Should a vacancy occur, lack of funds, licensing requirements, departmental policies and union regulations prevent the hiring of bilingual staff. For many teaching positions and other positions, a minimum criterion for hiring should be bilingual ability but this is not seen as a needed criterion nor one identified as a "desirable" criterion for preferential hiring. There are many problems associated with the simple recommendation to hire bilingual staff. One problem was identified by a coalition of civil rights groups which sought not only to hire more bilingual staff but also more men and ethnic minority persons -- both grossly under-represented in the Department of Education's various levels. The group (Coalition for Affirmative Action, FRESHA and the Filipino Task Force on Education) pointed out the union contract included an "Educational Officers" clause (Article X) "that gives first priority for vacant positions to those already in service as educational officers, and thus not considering those persons not in service who may be better qualified for those positions . . .

(this) violates the intent of Legislature" to hire on the merit principle. For instance, if a vacancy exists in programs designed for immigrant children, the Department of Education must hire from among existing Educational Officers -- among whom are only a handful of bilingual staff. The most appropriate skilled person may in fact be a bilingual person who is not a Department of Education Educational Officer. Bilingual staff, however, should be truly bilingual: capable of speaking both English and the native language, so that they may also be utilized to service clients who speak only English.

There are numerous problems that have to be considered in implementing the recommendation that bilingual staff be hired to assure access to service and competent service (licensing and residency requirements, union clauses, part-time, poor-paying, temporary and low-status positions, lack of career ladders, etc.).

It is significant that none of the respondents recommended the hiring of non-immigrant staff (i.e., those born in Hawaii or on the U.S. mainland), perhaps because this type of staff person belongs to the overwhelming majority in all

agencies. There is value, however, in having non-immigrant staff on an immigrant service project because, if appropriately trained, such persons are more able to explain the local culture to immigrants, to represent or be advocates for immigrants, and to more effectively obtain inter-agency cooperation and referrals as they may be better able to communicate with other agency personnel.

The service delivery approaches can be assessed in terms of the degree to which such an approach incorporates the immigrant's background and whether it is the institution or the client who must adapt. Solutions to the problems of "language and communication" and "cultural differences" cannot and must not be shouldered solely by the immigrants. In "orientation" and English-language programs, the immigrant has the responsibility to acquire information about the new community and the language of social service providers. In this sense, the responsibility for learning, adapting and/or changing is borne by the immigrant. In hiring bilingual staff and utilizing culturally appropriate methods, the delivery system or institution responds to the clientele in a language

understood by the client. In this way, the institution is attempting to respond to its clients.

Others. Lack of transportation for Social Service workers, outreach workers and immigrant clientele was identified as a barrier to receiving services.

One program not too frequently identified by the sample groups is the training of current agency staff in immigrant language, culture and needs. Training and sensitizing agency personnel could be the complement of the recommended "orientation" for immigrants. This can be another response to the problem of "Language and Communication" and "Cultural Differences." The service delivery system takes on some of the responsibility by educating and providing orientation for its monolingual staff. This can be extremely important since immigrants will invariably interact with monolingual staff members who comprise the majority.

Research and Training are important program aspects because these are direct responses to the problem of "cultural differences" between immigrant clients and service providers. There is, for example, a need to identify and pilot-test cul-

turally appropriate programs.

These approaches are not mutually exclusive and can be incorporated in programs dealing with Jobs, Health, Education, Welfare, etc. They can also be organized in a number of ways. For example:

1) A Multi-service Center that provides referrals to agencies, counselling and outreach. Orientation programs, English programs and outreach could be housed in such a center staffed by bilingual persons.

2) Bilingual staff within agencies that provide services and make referrals -- e.g., a bilingual outreach worker in a health clinic or a bilingual teacher in the Department of Education.

3) A Staff Assistance Center which could assist agencies with immigrant clientele. Some of its activities could be translation of regulations, training and research, providing specific language-skilled persons on contract with other agencies or for short periods of time.

4) Service contracts to private agencies or individuals for specific language skills and training programs.

C. Funding and Federal-State Relations

This section includes a discussion on government funding and government responsibilities at various levels. It will be necessary to briefly look at the various levels of government and at the interrelationships among those levels.

1. Federal and State Responsibilities

The laws, policies and regulations determining the number, origin and characteristics of immigrants entering the United States are determined at the Federal level. However, immigrants are also residents of States, Counties and other governmental units with their respective responsibilities and prerogatives. This complex of duties and powers is the subject of continuous debate, in an effort to determine which is the appropriate governmental unit for assisting newly arrived individuals to the State of Hawaii.

In Hawaii, as well as in other parts of the country, many government authorities claim that the costs and burden of providing services and assistance to new immigrants are disproportionately borne by states and localities. This feeling may have led to Governor Ariyoshi's statement in January of 1977, when special Federal assistance for immigrants became unavailable, that he would seek for a constitutional amendment to stem the tide of new residents to Hawaii. He also suggested that states be permitted to establish residency requirements for welfare and public employment and housing -- another means to curb immigration. However, these recommendations have to be considered within constitutional powers at the federal level and also within the context of changes in national policies regarding social services.

The State government has produced a number of studies on ways to curb population growth in Hawaii. Two such impor-

tant studies are In-migration as a Component of Hawaii Population Growth: Its Legal Implications (1973), and the Commission on Population and the Hawaiian Future's report on Population Growth: Policies and Strategies (1977). The first is an in-depth report on constitutional principles relevant to State proposals to limit in-migrants from mainland U.S.A. and foreign-born immigrants. Four important areas discussed were the "Supremacy clause of the United States Constitution which places exclusive power to regular foreign immigration in the federal legislature," the right to travel, durational requirements and other judicial pronouncements in related constitutional areas. The report finds that immigrants are a heavy burden on various state services. For example, it states that "the burden on the educational program due to in-migration is heavy. It takes additional money, time, teachers and books to adequately educate these children. The State's existing fiscal and educational problems will become more strained with the yearly influx of migrants and in-migrants."²³

Hawaiian public opinion is not supportive of immigrants. In early 1977, a survey taken for the Commission on Population showed 82% were in favor of controlling the number of new residents from foreign countries and 65% thought that the number of new residents from the U.S. mainland should be controlled.

The State Department of Planning and Economic Development has just completed "issue papers" to be presented to

the 1979 legislature.²⁴ The paper concludes that "despite heavy constitutional barriers to the State's population policies, Hawaii must continue to seek and hold down the flow of citizens and foreign immigrants to its shores." Some of its recommendations urge the State to "lobby for a U.S. Constitutional amendment that would allow residency laws." Other recommendations are:²⁵

"Work for changes in U.S. immigration laws so that there is a 'proportional' allocation of aliens in each state.

"Lobby for compensation for 'port of entry' cities such as Honolulu.

"Seek federal subsidies for those states with disproportionate numbers of alien in-migrants."

The State of Hawaii has been described by some observers as one of the more centralized local governments with fewer subdivisions than most jurisdictions in the nation.

The State of Hawaii has state-wide responsibility over health, education and welfare. The three departments of the State are: the Department of Education (DOE), the Department of Health (DOH), and the Department of Social Services and Housing (DSSH). City and county governments overlap; on Oahu island, for instance, where 80% of the population and 84% of immigrants reside, and where the State capitol is, both the City and County of Honolulu have political jurisdiction.²⁶ The City and County department most relevant to immigrants would be the Office of Human Resources. Other offices,

such as Parks and Recreation, could be of assistance to immigrants in terms of providing cultural activities related to ethnic heritage and others.

All the four sample groups who were asked the question "What do you think government should do to assist immigrants?" consistently replied that government should provide financial assistance. Health and Social Services Workers, Educators, Community Leaders and Decision-Makers uniformly perceived the role of government as providing assistance. The specific level(s) or unit(s) of government deemed appropriate for helping immigrants were discussed in some detail by the various respondents. The bulk of them saw the Federal government as the level which should assume most of the financial responsibility. Many respondents also acknowledged the State's responsibility. The responses were wide-ranging: (a) the Federal level should assume all responsibilities and costs; (b) the Federal government should assume the responsibilities and costs because of the special needs of the target population and/or requirements of Federal laws; (c) it is a State responsibility. Very few saw the city and county level as an appropriate level for assisting immigrants. The only acceptable answer was, of course, that of a "joint responsibility" -- but the degree and amount of overlapping and coordination would have to be negotiated by both levels of government in the legislative and judicial arena.

One State administrator said that "... since the Feds mandate our State to open up to immigrants and since they also pass Federal laws we must comply [with]/... the Feds [must]/ subsidize most programs with State direction." Another State administrator, however, expressed a different opinion: "the immigrants are residents of the State. The State should provide services to alleviate or eliminate barriers in obtaining services (such as culture and language problems)." The bulk of the answers, however, held that "special" services to immigrants should be the responsibility of the Federal government. Services are, theoretically, available to all persons in the State-- services regarded as appropriately State-funded. In addition, however, it was suggested that there should be "additional" or "special" services-- i.e., over and above already available services, such as bilingual services.

It is also possible, however, that immigrants do not have access to existing services because of language and other difficulties. A Department of Education administrator, referring to an Office of Civil Rights report that existing programs are inadequate to insure equal educational opportunities for non-English speakers, felt that "the Federal government should be responsible for assisting State governments with Federally-mandated supplementary programs." Another Department of Education administrator acknowledged that "it is a State responsibility to provide educational benefits to all students. However, when Federal bureaucrats mandate specific remedies over and above State

obligations, then /the Federal government/ should be willing to provide resources. There is a greater demand on specialized services for this population. These additional services usually have to be met through an expansion of existing State manpower and fiscal resources. Certain legal mandates to provide equal services to immigrants do require supplemental resources..."

2. Evaluation of Federal and State Levels in Meeting Immigrant Needs

Community Leaders and Decision-makers were asked to rate how well each level of government (Federal, State, City and County) meets its responsibilities towards the immigrant population. Many respondents did not answer the question when it referred to the City and County because there are few services which they perceived to be the responsibilities of these levels toward immigrants. Two such areas are law enforcement and recreation.

Those who did respond, however, frequently identified the City's responsibility as that of "supplementing" State efforts. None of the sample groups rated either the State or Federal governments as having met their responsibilities "very well." Community Leaders were nearly evenly split in rating Federal government efforts as "not very well" and "fair/moderate." The Community Leaders were, in this respect, less negative in their evaluation than Decision-makers, who were surprisingly harsher in their assessment. A majority of the latter rated both Federal and State levels as not meeting their responsibilities very well.

All in all, there seemed to be a consensus that neither the Federal nor the State government had been meeting their responsibilities towards the immigrant population satisfactorily. This evaluation is not surprising, considering the previous assessment of the sample groups that the services provided by these levels of government were inadequate.

3. Types of Funding

Funding assistance can be classified in many ways. The following four types of assistance are used to suggest ways in which government can fund programs to benefit recent immigrants.

a.) Block grants or ratio grants. These funds would be allocated to a jurisdiction or program in proportion to the number of recently-arrived immigrants, or, more specifically, to the number of non-English speakers within a community. Probably the best example of this type of assistance may be found in the "Gateway Cities Bill" or the "New Americans Education and Employment Assistance Bill". Every State or city with a 5 percent population ratio of immigrants would be entitled to "the number of dollars resulting from multiplying the number of immigrants who arrived in the State during the immediately preceding calendar year by \$1,000."²⁷ The funds so allocated would then be used for programs in "education, job training, counselling (including health counselling), orientation, and other similar activities for the benefit of immigrants." If such a bill were to become law, it would mean that, in Hawaii, it would be necessary

to determine the number of newly-arrived immigrants who do not speak English and then to set aside \$1,000 each for needed programs, including the hiring of bilingual staff persons. Massachusetts has a model piece of legislation requiring bilingual assistance for a specific number of non-English speaking children. Although not yet implemented, the program would assign one bilingual worker per 600 non-English speaking health care recipients and public care recipients per year.

b.) Grants that specifically benefit immigrants. An example of this type of grant is the Bilingual/Bicultural Education Program Grant. The Program benefits children with a limited knowledge of the English language, most of whom are immigrants. Another is an amendment to the Public Health Services Act which provides "financial grants to States in order to insure the delivery of high quality health services for persons who have recently immigrated to the United States."

At the State level, such specific grants for immigrant benefit receive inadequate support. As stated earlier in this report, the climate of opinion in Hawaii is at present not conducive to popular approval of State-funded programs for immigrants. The competition for State funds requires support by the executive department. Yet the official position of the Hawaii executive department seems to be that needed programs should be federally-funded. One of the justifications for State support for various immigrant programs is that without providing such support, the State would be in non-compliance

with Federal mandates to provide for equal opportunity in education and health in order for it to receive Federal funds that require State counterparts. The immigrant health bill mentioned earlier states that there will be "reasonable State financial participation in the cost of carrying out the State plan for the provision of health services to immigrants."

c. Grants such as the Consumer Education Program and the Older American Act which do not give any priority to immigrants or non-English speakers. These general programs (designed to assist urban poor and welfare recipients and which constitute affirmative action in behalf of ethnic minorities), can be of benefit to immigrants who share the characteristics of the grant beneficiaries. Significant numbers of immigrants are elderly and would therefore benefit from programs for the elderly.

It is theoretically possible for immigrants to benefit from such programs. In practice, however, many problems can prevent them from doing so. For example, the same service delivery approach used for native-born citizens may not be appropriate for immigrants. In addition, it has also been found that immigrants are usually unsuccessful in competing for benefits under such programs which fall under general categories (e.g., consumer education). Yet at the State level, it is these types of programs government often sees as appropriate.

d. Grants that give priority points or special funds to specific clientele. Grants of this type could, with some

modifications, benefit immigrants. For example, a Women's Equity or Ethnic Minority Grant can also service immigrants or non-English speaking sectors of the population.

As with other areas where the Federal and State governments exercise joint responsibilities and coordinated funding arrangements, the State must have structures to plan, apply for and administer federally-funded programs for immigrants. The planning and grant-application capability needed to assure that State, City/County as well as private agencies apply for Federal funds can be structured in various ways. These structures are currently in existence and are not mutually exclusive, but do not seem to occupy first priority.

One organizational structure that may be adopted is a central planning agency with adequate staffing for planning, research, coordination between the State and private agencies, and grant-writing. This agency would have information on various Federal grants available as well as data on immigrant needs. The Commission on Manpower and Full Employment, the State Immigrant Services Center and the Kalihi-Palama Inter-agency Council for Immigrant Services, try to perform these functions but have very limited funds. The State Immigrant Services Center, which has State-wide responsibility, is currently staffed only with two professionals. The Inter-agency Council, a non-profit coordinating committee with members from agencies servicing immigrants, has been at various times staffed by a VISTA volunteer, by graduate students, and by a CETA staff person.

from the City and County.

Not enough Federal funds are available for planning and grant-application offices. This function is probably solely seen as a State responsibility but should be funded at a higher level than at present.

Another approach is to develop planning and grant-getting capabilities within the various agencies themselves, particularly in such departments as the Department of Education, Department of Health, and Department of Social Services and Housing.

The Department of Education already has an office for Federal grants. Such offices could seek additional Federal funds for immigrants, but their staff persons are frequently responsible for other tasks. More funds could be obtained if there were specific policy directives on grant-seeking and if staff persons were specially assigned to seek Federal aid for immigrant needs.

Block or ratio type grants would be of great use to the State in responding to immigrant needs. A few changes in grant application procedures at the Federal level would be helpful to both State and private agencies.

Some Federal grants include a "planning fund"-- these are small grants given by Federal agencies prior to a final grant. Such a grant can be used for consultants or for staff time needed to write the grant proposal. Some agencies also request brief preliminary proposals for review. Only those who submit "promising" proposals are given the opportunity to submit final proposals. Sufficient staff time for writing

grant proposals is therefore necessary if the State is to succeed in obtaining increased Federal assistance for immigrant needs.

IV. CIVIL RIGHTS ISSUES

Many concerned individuals, community organizations and various agencies, such as the Office of Civil Rights (OCR), believe that many immigrants (as well as many U.S. citizens) do not have equal access to social services and economic opportunities.

While the civil rights issue appears to some as a fictive issue, it is nevertheless true that three of the State's departments-- Social Services and Housing, Health, and Education -- are under pressure to insure "equal access to and equal delivery of services for its limited- and non- English speaking clients." The specific details of the complaints are contained in the correspondence between the Department of Education, 1976-1978, the Department of Social Services and Housing, 1978, and a U.S. District Court case, Mangrobang vs. Yuen, 1978. The most recent review by the Office of Civil Rights, Region IX, DHEW, found the Department of Social Services and Housing to be in non-compliance with Title VI of the Civil Rights Act of 1964 and its implementing regulations. "DSSH officials admitted that the Department treats its limited- and non-English speaking clientele differently from its English-speaking clientele, which results in unequal services to the limited- and non-English speaking clients. They stated that if the limited- or non-English

speaking clients did not bring their own bilingual interpreters when seeking DSSH services, those clients had to wait much longer before receiving services than English-speaking clients ... Also, some DSSH staff persons indicated that the high percentage of limited- non-English speaking clients and potential clients failing to keep their follow-up appointments ("no shows"), especially DSSH's vocational rehabilitation clients, is partly due to the agency's lack of available bilingual staff."²⁸

The DSSH was also found to have failed in collecting and maintaining "adequate racial/ ethnic and language records and reports (data)," which OCR considers "important for the delivery of equal services or the success of the Department's programs." In addition, OCR stated that "approximately 90 percent of all staff persons interviewed during our on-site review stated that they had not received any Title VI training/ orientation." OCR also pointed out that "DSSH has taken an insensitive view towards the provision of services to its new immigrant population... these staff persons expressed resentment toward newly-arrived immigrants for seeking and receiving services from DSSH; they indicated that this feeling was widespread throughout the Department. It should be noted that Title VI makes no condition of American citizenship in order for a person to be eligible for or entitled to benefits under the Federally-assisted program. We believe that civil rights staff training in inter-cultural awareness and sensitivity orientation could resolve these problems to a significant degree, as well as equip the Department to resolve or avoid civil rights complaints."²⁹

These comments on the DSSH's failure to provide equal access to services may equally apply to the Departments of Education and Health as well as other Departments of the State Government. The private agencies seem to be more flexible in responding to the need for bilingual staff and have even attempted to provide limited assistance to State agencies.

In addition to equal access to services for persons with limited or no English-speaking capability, there are also complaints on the under-representation of certain ethnic minority groups in staff positions and in higher education. Affirmative Action programs as well as such complaints are equally relevant to immigrants who are often also ethnic minority persons. The arguments for Affirmative Action hiring in both the private as well as public sectors apply with equal force to immigrants. In the Department of Education, for instance, ethnic minority groups are unevenly represented:

	UH-1975 Undergraduates/	DOE-Teachers/ 1975	DOE-Educ. Officers	State Pop. 1976
Japanese	31%	57.9 %	63.3%	27%
Caucasian	14%	18.7 %	12.2%	28%
Chinese	9%	8.8 %	9.8%	4%
Hawaiian	1%	6.9 %	4.3%	18%
Filipino	3%	2.1 %	2.4%	10%
Korean	1%	1.3 %	1.3%	1.3%
No response	33%			

Civil rights complaints by various individuals and groups relating to the areas of employment and education have important

implications for many immigrants in the State because they share many of the characteristics and problems of other minority groups, for whom "special treatment" is often regarded as discriminatory to the majority. A number of public officials, for instance, have publicly expressed their resentment of the Federal government's insistence that the non-English and limited-English speaking population be provided "special services." Others in the community, however, strongly support efforts to compel State agencies to comply with equal opportunity mandates. One Education Policy-maker who felt this very strongly said, "if it were not for Federal prodding we /the State/ would be in a real mess." Another respondent felt that immigrants are not a priority in the State government... /it/ is barely meeting the basic /Federal/ requirements." A Social Service Worker felt that the Federal government's prodding of State governments to provide equal opportunity is appropriate.

A Community Leader complained that "the immigrant problem is being surveyed and studied to death. What we need is more working money to assist immigrants. Their problems are very evident and, except for a few /exceptions/ could be handled /if there were/ more of their own kind in positions to help. Indifference and the negative attitudes of government employees toward immigrants are very evident and disturbing."

The concluding comment of an immigrant Social Worker seems appropriate to end this section on governmental assistance

and civil rights: "I look forward to the day when immigrants or new-comers would be treated more justly by bureaucratic institutions."

V. RECOMMENDATIONS

Various recommendations have been made throughout this study. In order to highlight some of them, a listing is presented as the conclusion of this report on health, education and welfare service delivery to immigrants. The reader is cautioned that the listing which follows is partial, but that some of the conclusions have been extrapolated from the text of the findings.

- o Immigrant programs that should receive priority funding are those which intend to address the pressing problems of jobs, language and communication, and difficulties resulting from immigrant inability to cope with the host culture.

- o Such programs, however, should not place the responsibility to adapt solely on the immigrant, as is being done in some existing programs (e.g., English-language classes), but should require the community and service providers as well to assume some of the responsibility of helping the immigrant by, for example, modifying existing programs to make these more "comfortable" to the immigrant by considering his culture and background.

- o Job-training and placement programs are urgently needed. But such programs should incorporate efforts to address such problems as language and communication difficulties, the "inappropriateness" of skills and experience acquired in the

immigrant's home country, discriminatory hiring, as well as the high unemployment rate in Hawaii.

- o Job-generating and training programs (e.g., CETA, SCET) are needed for Hawaii residents in general, but must not exclude immigrants.

- o Durational requirements and preference systems which exclude or hinder immigrants from employment as well as from job-training programs must be eliminated.

- o Educational programs for immigrant children must take into consideration the following order of priorities: (1) academic programs, (2) social, cultural and recreational programs, (3) English-language training, and (4) parent involvement.

- o A majority of the academic and non-academic programs for children require the hiring of bilingual teaching staff persons and the adoption of bicultural curricula.

- o Priority in funding educational programs should be given to those which address the problems of language and communication difficulties, difficulties in adjustment as a result of cultural differences, local-immigrant student lack of meaningful communication, and the lack of information on the school as well as the educational system by parents.

- o Health programs must address the problems of high health costs, immigrant unawareness of resources, language and communication difficulties, as well as differences in health practices between the immigrant's home culture and the host culture.

Alternative approaches to health service delivery must be devised.

o The problems of lack of information on existing benefits and the complex of attitudes which discourage immigrants from seeking welfare assistance must be addressed by welfare assistance programs.

o Housing programs must cope with the problems of high rents, low immigrant incomes, overcrowding, and large immigrant families.

o Child-care programs must address the problems of high child-care costs relative to immigrant earnings, and immigrant unfamiliarity with, and therefore reluctance in, getting persons other than family and friends as baby-sitters.

o The Immigration and Naturalization Service should provide services to help solve immigrant problems of language and communication difficulties and the complexity of immigration laws and forms.

o It is recommended that the six service delivery approaches be adopted according to the following order of priority:

1. The hiring of bilingual staff
2. Orientation programs
3. The provision of referrals and resources
4. English-language training
5. Transportation
6. Training, research and coordination

"Outreach" was mentioned with nearly every recommended service approach and is thus not listed separately as a distinct service approach.

It must be noted that the above approaches can be utilized in health, education, welfare and labor programs, either separately or in combinations.

o The hiring of bilingual staff persons was recommended by all the sample groups. The Department of Health, Education and Welfare, the State, private agencies and specially unions should review existing laws and practices which prevent the hiring and proper utilization of bilingual professionals and non-professionals.

o The following organizational modifications may be adopted to incorporate some suggested service delivery approaches such as the hiring of bilingual staff persons:

1. special multi-service and referral centers
2. bilingual staff positions added to existing programs
3. staff assistance centers which can provide bilingual assistance to agencies
4. contracts for additional services with both agencies and individuals

o State agencies should devise means to maximize the utilization of the language and cultural knowledge of bilingual staff persons, and should compensate them adequately for their work.

o State and Federal officials need to clarify the responsibilities of each government level. It is recommended that such a clarification be done with the participation of representatives of the Governor, members of Congress, and the Departments of Health, Education, Welfare, and Labor, and the Immigration and Naturalization Service.

It need hardly be emphasized that without a serious attempt at clarification, there will be continuous court battles -- while immigrants continue to suffer, served by neither level of government.

o The U.S. Congress should enact laws which would assist States and cities with large immigrant populations.

o State agencies should comply with laws which require the assurances of equal access to and equal delivery of services for its limited and non-English speaking residents. State agencies should not risk losing federal funds and additional court suits because of union, licensing rules and ways of implementing programs that hinder the provision of adequate services or the hiring of needed bilingual staff.

o Along this line, State agencies should comply with civil rights legislation and should take corrective action on problems identified by the Office of Civil Rights. The State could lose millions of dollars in Federal funds if found not complying with civil rights legislation. The

State must provide equal opportunities and access to services by persons who are limited- or non-English speakers.

- o The Department of Education, Department of Health and the Department of Social Services and Housing should seek additional funds in their executive budget requests to the legislature to assure compliance with civil rights laws.

- o H.E.W. should review existing programs that can include immigrant clients or review funding guidelines that would give some priority to immigrant projects so that these may be funded. It should also provide planning funds.

- o The State of Hawaii should ensure that each of its departments seek grants to finance the expansion of services to immigrants. Specifically, the Departments of Education, Health, Social Services and Housing, and Labor should be given particular attention regarding this matter.

- o The State of Hawaii should strengthen its capacity to seek additional federal funds.

- o The State should not pass any durational requirements, for these hinder the immigrants from receiving services and from contributing to the community.

- o The following definition of "immigrant" is recommended for use by the H.E.W. and other agencies, though it is not implied that this definition will be appropriate for all occasions. "The term 'immigrant' means a foreign-born individual residing in the United States whose residence is based on a permanent resident visa, as well as American Samoans re-

siding in any part of the United States other than American Samoa."

This broad definition can then be delimited for different purposes such as eligibility definitions -- e.g., "individuals who have resided in the United States for more than five years shall not be considered immigrants for the purposes of this program."

- o There is a need for research into various service delivery approaches that are culturally appropriate; & training of bilingual staff and non-immigrant staff.

- o There is also a need for data from various departments. Most data collections are inadequate.

APPENDIX

- A. Summaries of a series of community meetings on "The Immigrant in Hawaii: A Public Forum" sponsored by the Kalihi-Palama Inter-Agency Council for Immigrant Services, 1978.
- B. Senate Bill 234, "New Americans Education and Employment Assistance Act", 95th Congress, First Session, January 10, 1977.
- C. Senate Bill 133, "Amendment to the Public Health Services Act", 95th Congress, First Session, January 10, 1977.
- D. Audit Report of the Hawaii Bilingual/Bicultural Education Project 1977, prepared for the Department of Education, pp. 143-148.
- E. Memorandum on "Report and Recommendation of Committee According to the Compromise U.S. District Court, Civil #76-0365", Department of Health, May 11, 1978.
- F. Memo to Andrew Chang, Director, Department of Social Services and Housing from the Office of Civil Rights, DHEW Region IX, October 26, 1978, pp. 1-9.

Appendix A

Summaries of a series of community meetings on "The Immigrant in Hawaii: A Public Forum" sponsored by the Kalihi-Palama Inter-Agency Council for Immigrant Services, 1977.

This forum was funded by the Hawaii Committee for the Humanities during the months of August and September, 1977. The purpose of these dialogues or community meetings was to bring academic humanists, technical experts and community individuals together to explore questions of fact and value as they relate to public policies affecting immigrants. The meetings were held in the various languages of each of the participating immigrant groups (Samoan, Korean, Ilokano and Tagalog). A final meeting in English was held to summarize and compare the various discussions and presented to various State agency personnel.

FOOTNOTES

1. Robert Schmitt, Population Report: Immigration Trends in Hawaii, Issue #10, (Honolulu: Hawaii State Department of Health, 1978), p.3.
2. Commission on Manpower and Full Employment, Immigrants in Hawaii-1975, (Honolulu: Commission on Manpower and Full Employment, 1975), p.5.
3. Commission on Manpower and Full Employment, Immigrants in Hawaii-1977, (Honolulu : Commission on Manpower and Full Employment, 1978), p.7.
4. Schmitt, p. 4.
5. Schmitt, p.16.
6. Schmitt, pp.1-7.
7. Kenneth David and William King, Review and Analysis of Problems of Recent Immigrants in Hawaii, (Honolulu: Office of Social Resources, 1972), p.63.
8. Kalihi Palama Interagency Council-Needs and Resources Committee. On Defining an Immigrant, (Honolulu, 1978), ppl-3.
9. This rating scale is a modified version of a scale developed by Dr. Thomas E. Ferb and Dr. Stephen J. Fitzsimmons.
Stephen Fitzsimmons and Thomas Ferb, "Developing a Community Attitudinal Scale," Public Opinion Quarterly, Vol 4 (1977), p.361.
10. Peter Sybinsky, "Language Problem in the Kalihi Palama Catchment Area, 1976, Research Report #1," (Honolulu, 1976) p.22.
11. Sybinsky, p.20.
12. Harvey Choldin, "Kinship Networks in the Migration Process," The International Migration Review, (1976) p.164.
13. Choldin, pp.163-175.
14. Pacific/Asian Elderly Research Project, Working Paper on Unmet Research Needs in the Pacific Asian Elderly Community (Los Angeles, 1974).
15. "Isle Jobless Rate Increases to 8.1%," Honolulu Advertiser, 24 Oct. 1978, Sec. F, p. 4, cols.5-6.
16. Health and Community Services Council, Overview on Immigration in Hawaii, (Honolulu: 1977) p.5.
17. Andrew Chang, Testimony to the Senate Ways and Means Committee (Hawaii State Legislature, 13 Jan. 1976).
18. Gerry Keir, "Residency Law for Public Jobs Favored 3-2," Honolulu Advertiser, 21 Jan. 1978, Sec. A, p. 1, cols. 1-6.
19. Keir, p. 1.

20. Yuen-Mangrobang Ad Hoc Committee, Report and Recommendations of Committee According to the Compromise--U.S. District Court, Civil#76-0365 (Honolulu, 1978).
21. Schmitt, p.1.
22. See Appendix: Section D. p. 147.
23. David Hood and Bella Bell, In-Migration as a Component of Hawaii Population Growth: Its Legal Implications, Reports No. 2, 1973. (Honolulu, 1973) p. 27.
24. Jerry Burris, "Planners Say Limit, or Be Compensated for Population Rise," Honolulu Advertiser, 29 Nov. 1978, Sec. E, p. 15, cols. 3-4.
25. Burris, p. 15.
26. Health and Community Services Council, p.2.
27. See Appendix: Section B, p. 3.
28. See Appendix: Section F, p. 3.
29. See Appendix: Section F, p. 8.

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Appendix A

KALIHI/PALAMA (DOWN TOWN) SAMOAN COMMUNITY MEETING HELD AT SUSANNAH WESLEY COMMUNITY CENTER, AUGUST 24, 1978:

ISSUES & CONCERNS RAISED AT THE MEETING:

EDUCATION:

1. Parents not participating with school activities, such as PTA. Parents do not participate because they do not understand what is said at meetings.
2. Samoan kids graduate but have low grades.
3. Parents not understanding the American ways of living.
4. Teachers blame the Samoan students for every small thing, and that's the only time they notify the parents, not when they do good in school.
5. Non-Samoans not understanding our values and our culture.
6. Lack of communications between parents/students/teachers/counselors/school.

Recommendations:

1. More Samoan teachers/teacher's aides.
2. Samoan counselors working with parents.
3. Need Samoans on the Board of Education.
4. Need alternative programs for school dropouts.
5. Need a Samoan outreach worker to work in each school.

EMPLOYMENT:

1. Lack of understanding/language barriers.
2. Stereotypes of Samoan/Reputations.
3. Discriminations on jobs/Prejudice.
4. Samoans have the vocational skills but the language is their major problem.
5. Don't know where to apply for jobs.

Recommendations:

1. Vocational training/job training. (in Samoan)
2. Alternative Program for the youth.
3. Orientation Programs by the State Employment Office (where the jobs are and how to get them.

HEALTH:

1. People don't know where the free clinics are/free services.
2. High cost.
3. Difficulty in telling the doctor what's wrong.

Recommendation:

1. Free Clinics - use "Media" to let the people know where they are.
2. Vans to all residential areas.
3. Need outreach workers for the Samoan community.
4. Samoan health nurses - training.

WELFARE:

1. Samoans depend on the welfare because they have hard time to find jobs.
2. It's easier to apply for welfare than to apply for a job.

Recommendations:

1. Programs for welfare and food stamps to enable the Samoans to understand policies and regulations.

HOUSING:

1. Housings too small for the Samoan extended family.
2. Having problems with the landlords because of our culture.
3. Housing cost too much.
4. State Housing unsanitary.

Recommendations:

1. More low income housing.
2. Educate the landlords of our different cultures.

NOTES TAKEN AT THE LAIE MEETING OF THE WINDWARD DISTRICT SAMOAN COMMUNITY

ISSUES & CONCERNS RAISED ON AUGUST 28, 1978 MEETING:

EDUCATION:

1. Language difficulty.
2. Aliens are low priority with the DOE.
3. Discriminations
4. Parents don't know what's going on in school, so parents don't get involve with school activities.
5. Newly arrived kids from American and Western Samoa have difficulty in school because of language.

Recommendations:

1. More Samoan counselors in Schools.
2. Have Samoan outreach health worker at schools to work with the Samoan parents.
3. Adult Education for Parents
4. PTA meetings in Samoan so the parents can participate.
5. Samoan workers to work with children in schools/parents/teachers.
6. Never mind the degrees or masters but to get a Samoan who can understand the values of the Samoan people and who also can relate to the students.
7. Educational Program for all Samoans.

HEALTH:

1. Difficulty in explaining to the doctor what is wrong or where it hurts. (Language difficulty)
2. High costs. Not qualify for free services.
3. Don't know about free services.

Recommendations:

1. Need Samoan workers in hospitals to assist and help interpret doctor's diagnosis of sickness. general understanding of the
2. Educational Programs

WELFARE:

1. Discriminations against Samoans.
2. Language/lack of understanding.
3. Difficulty in filling out applications.

Recommendations:

1. Interpreters at all Welfare Offices.
2. Educational Programs - Educate the people to get them off the welfare and out to find jobs to help support themselves.

HOUSING:

1. Landlords do not understand the Samoan culture and their extended families.
(More people in a house/over crowded)
2. Hard to find homes for big families except in the public housings.
3. Samoans not use to limited space/apartments.
4. Cost of private homes too high.

Recommendations:

1. Landlords to be aware of the different cultures.
2. More housings for big families.

EMPLOYMENT:

1. Samoans not qualified for good jobs.
2. Youth Alternative Program for dropouts to help them get jobs.
3. Job Training Program

IMMIGRATION:

1. Lack of understanding/language barriers.
2. Request a Samoan office/worker in the Immigration Board.

LAW/COURTS:

1. Need Samoan court interpreters.
2. Samoans don't know their rights - need Education on this level too.

ISSUES AND CONCERNS RAISED AT THE NANAKULI SAMOAN COMMUNITY MEETINGI. EDUCATION:

1. Need Samoan Teachers Aides
 - a. Teachers not paying attention to newly arrived kids - because they don't understand what's going on so they don't pay any attention to the teacher.
 - b. Language barrier (English as second language)
2. Parents need to know more of what's going on in the schools.
(Parents Education Program - working together with Samoan counselor)
 - a. Children not telling parents what's going on.
 - b. Parents too busy with work to attend school activities.
 - c. Parents don't go to meetings because they don't understand what's being said at the meetings.
3. Bicultural Education.
 - a. Communication problems, lack of understanding
 - b. Children fighting in schools.

II. EMPLOYMENT:

1. Discrimination due to reputation of one bad Samoan. General assumptions.
2. Language difficulty.
3. Not responsible.
4. Trouble understanding where the job is.
5. Samoans feel that part of job qualifications are good grooming, well-dressed, and good attendance.
6. Qualifications and standards are too high for Samoans (those with low education).
7. Samoans don't know where to apply for jobs.

Employment - ContinuedRecommendations:

1. Samoan Referral Service or have Samoans work in the referral service so the Samoan community can be informed of where the jobs are and how to apply for them.
2. English Program for Samoans to enable them to find jobs.
3. No restrictions on qualifications such as masters.
4. Alternative programs for Samoan Youths with Samoan Counselors.

III. HEALTH:

1. People don't know about the free services.
2. Medical cost too high.
3. Doctors fee too high so even when people are sick, the high cost of medication and doctor's fee stops the Samoan from going to the doctor, so Samoans turn to their traditional medications.
4. Samoans should help other Samoans know where to get free services.

Recommendation:

1. Need bilingual Samoans in various agencies to help translate for non-english speaking Samoans, or have an information and referral agency for Samoans.

IV. WELFARE:

1. Too many questions asked that we don't understand.
2. Food Stamps and Welfare checks don't arrive at the same time.
3. Western Samoans and Tongans who have established permanent status in American Samoa should also qualified for welfare help.
4. Not being able to find jobs, and if they do find jobs, they are not very good paying jobs, so the Samoans turn to welfare for help.
5. Western Samoans who cannot find jobs should get some help from the welfare.

Recommendations:

1. Samoan interpreters for Welfare offices.
2. Samoans to help with filling out papers/applications.
3. Take out Food Stamp money from welfare check before sending them to the recipients.

V. EFFECT OF OTHER PEOPLE'S ATTITUDES:

1. People don't trust Samoans, if they know you're Samoan, they watch your steps.
2. Samoans fight to get attention, to show they're strong, so people don't push them around.
3. Samoans get the blame for fights, stealing, and other bad things caused by other dark skin ethnic groups, therefore their reputation is worse than in reality.
4. Being the latest immigrants to Hawaii, Samoans have not be accepted yet.
5. Samoans are recognized because they're quick in anger, they fight first and talk last. Samoans are always caught doing a crime (like fighting) because they never run away from the scene of the fight.
6. Samoans feel that the press and the media are responsible for spreading the bad image/reputation of the people, because every little crime a Samoan does is always a highlight or a headline for the paper. They (media/press) only recognize the bad in the Samoans.

Recorded by Violina Alefosio
August 31, 1978
Nanaikapono Elementary School

ISSUES AND CONCERNS RAISED AT THE KOREAN COMMUNITY MEETINGSEPTEMBER 3, 1978EDUCATION

1. Language is the greatest difficulty faced by Korean young and old immigrants.
 - A. Unfair burdens are placed on school children from Korean immigrant families because the parents are helpless and cannot speak the language.
 - B. Immigrant children face many problems in the new school system since even choosing classes (at the intermediate and high school levels) is difficult.
 - C. In combination with language difficulties, the lack of knowledge about social interactions makes adjustment for the young immigrants very difficult.

SUGGESTIONS/RECOMMENDATIONS:

- A. Orientation programs for the new immigrants by the schools, churches or by old immigrants (early arrivers).
- B. Mutual assistance by immigrants who have been here for some period of time. (Ethnic self-help).

HEALTH

1. Ignorance of health services is one of the problems for Korean immigrants.
2. Fear and distrust of Western medical methods cause many to shy from needed services.

SUGGESTIONS/RECOMMENDATIONS:

1. A guidebook in strategic locations for new immigrants (in Korean) explaining available services and locations of hospitals and Korean-speaking personnel would be very helpful.
2. An orientation program by social services agencies or the DOH about services available (held in Korean language) would alleviate many problems.

HOUSING

1. Different immigrant groups living together, both struggling to learn the new ways, in public housing, often have unnecessary tensions and misunderstandings.

KOREAN COMMUNITY MEETING
page 2

SUGGESTION:

- A. An orientation program about public housing and its difficulties to new newcomers.
- B. Maybe more inter-ethnic programs in public housing to ease tensions and get to know each other better.

ISSUES AND CONCERNS RAISED AT THE FILIPINO MEETINGSEPTEMBER 8, 1978EDUCATION

1. Problems of placement of children in grade levels (they are capable of doing the work but are hindered by language difficulties. For this reason, they are put back in grade and become frustrated).
2. Materials are in Ilocano when there is a need for Tagalog and Visayan as well.
3. Parents do not get involved in the schools because of embarrassment due to language and not knowing the ways of the system.
4. Materials sent from the school are only in Ilocano, if at all translated.
5. Parents have no real chance to improve English since most work two-three jobs.

SUGGESTIONS/RECOMMENDATIONS:

1. Orientation programs for immigrant parents done by the DOE in Ilocano, Tagalog and Visayan before school starts explaining what is going on in the schools, the PTA, etc.
2. Alternative testing methods or placement exams for immigrant youngsters who are entering the schools.
3. Bilingual workers in the schools as counselors are limited and this is really essential.

EMPLOYMENT

1. There is a great feeling of discrimination against Filipinos.
2. Cannot understand why immigrants who are applying for permanent residency cannot work for the State.
3. Filipinos over 50 years have great difficulty finding jobs.

SUGGESTIONS/RECOMMENDATIONS:

1. Orientation programs by the State Employment Office about available work and appropriate process to get into the system.

HEALTH

1. Afraid of hospitals and what they stand for; would rather use folk medicine and Filipino folk healers.
2. Embarrassed to go to the doctor for fear of being deported or ridiculed for their illness.

FILIPINO MEETING
page 2

3. Filipino immigrants do not know who is qualified for Medical Aid and don't know how to find out.
4. Embarrassment over using public health clinics. They are not sure that they are eligible or have the right to use the clinics.
5. There is confusion about medications and treatments for illness which causes them not to follow through with treatment.

RECOMMENDATIONS/SUGGESTIONS:

1. More outreach workers (bilingual) maybe coming to the Church.
2. More information written in Tagalog/Visayan available.

FILIPINO COMMUNITY MEETING

8 Sept. 1978
Our Lady of the Mount

PROBLEMS:

1. Employment

- a. Job dissatisfaction; difficulty securing employment; low class work.
 - b. Work available is not work trained for.
 - c. Communication gap; unable to communicate well with employer and workers.
-

2. Health

- a. High cost of medical care; services expensive; lack of money to pay doctor.
 - b. Illness experienced:
 - 1. Common colds
 - 2. Headache
 - 3. Stomachache
 - 4. Weakness
-

3. Education

- a. Low level of education; can't go because of work and age.
- b. Inadequate discipline system of school children.
- c. Communication gap; language competency; alienated from others due to language problem.

FILIPINO SMALL GROUP MEETING

EMPLOYMENT

1. Job dissatisfaction; difficulty securing employment; low-class work.
2. Training received in the Philippines does not have available job market in Hawaii.
3. Regulations from the Dept. of Regulatory agencies hinder professionals from practicing their professions, here in Hawaii.
4. Language problem hinders communication between employers and employees.

HEALTH

1. High cost of medical care; services are expensive; lack of money to pay doctor. Many times, people wait until an illness becomes serious before going to the doctor, due to expensive cost.
2. Newspaper articles providing statistics and insufficient explanations regarding the information, are often misleading on behalf of immigrant population, regarding tuberculosis and leprosy.
3. Need for bilingual personnel to deal with health problems.

EDUCATION

1. Language problems of children in the schools; difficulty understanding or being understood by teachers and local children.
2. Methods of disciplining children at school and at home are inconsistent-schools are more lenient on the children.

MISCELLANEOUS PROBLEMS

1. Marriages that have a wide age gap between Father and Mother creates problems-children are teased in the school; different ideas about how to discipline children.
2. Social security benefits not well understood by recipients, due to constant changes in regulations and not told to them bilingually.
3. Generational gap between parents and children due to new environment.

COMMENTS

1. "Although problems are encountered by Filipino immigrants, they are a motivated and hard-working group of people, who through time will settle themselves."
2. "Both immigrant and local parents must take the initiative to encourage their children to pursue communication."

AM 11:20
From the Office of
Daniel K. Inouye
U. S. Senator

95TH CONGRESS
1ST SESSION

S. 234

IN THE SENATE OF THE UNITED STATES

JANUARY 14, 1977

Mr. INOUE introduced the following bill; which was read twice and referred
to the Committee on Labor and Public Welfare

A BILL

To provide Federal programs of educational, employment, and
other assistance to areas with heavy concentrations of foreign-
born persons.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 SHORT TITLE

4 SECTION 1. This Act may be cited as the "New Ameri-
5 cans Education and Employment Assistance Act".

6 DECLARATIONS AND FINDING

7 SEC. 2. The Congress finds and declares that—

8 (1) many foreign-born persons in the United States
9 lack sufficient education to function adequately in our
10 technological society;

1 (2) the lack of adequate education prevents many
2 such persons from having satisfactory employment
3 opportunities;

4 (3) newly arrived foreign-born Americans also ex-
5 perience difficulty in such areas as food, housing, and
6 health;

7 (4) the needs of newly arrived foreign-born Ameri-
8 cans may place heavy financial strains on the communi-
9 ties in which they reside;

10 (5) a number of "gateway cities" exist where such
11 persons reside in great numbers, thereby placing dispro-
12 portionate burdens on particular areas of the country;

13 (6) the policies under which persons move to the
14 United States are set and determined by the Federal
15 Government; and

16 (7) the Federal Government therefore has a re-
17 sponsibility to assist those States and cities having con-
18 centrations of foreign-born populations in meeting the
19 special needs thereby thrust upon such communities.

20 DEFINITIONS

21 SEC. 3. As used in this Act—

22 (1) the term "State" means any State of the United
23 States, the District of Columbia, the Commonwealth of
24 Puerto Rico, Guam, the Virgin Islands, and American
25 Samoa;

1 (2) the term "immigrant" means a foreign-born
 2 individual residing in the United States whose resi-
 3 dence is based on a permanent residence visa (but does
 4 not include any person in the United States for purposes
 5 of representing other governments in a diplomatic or
 6 similar capacity) and American Samoans residing in
 7 any part of the United States, other than American
 8 Samoa; and

9 (3) the term "gateway city" means any city or
 10 unit of local government having a population of fifty
 11 thousand or greater, having more than 5 per centum of
 12 such population who are immigrants.

13 **ENTITLEMENT**

14 SEC. 4. (a) The Secretary of Health, Education, and
 15 Welfare (hereinafter in this Act referred to as the "Secre-
 16 tary") shall determine the entitlement of each State and
 17 each gateway city under subsection (b) for each fiscal year
 18 at least six months prior to the commencement of that fiscal
 19 year.

20 (b) (1) The entitlement of each State for the purposes
 21 of grants under section 5 for each fiscal year shall be the
 22 number of dollars resulting from multiplying the number of
 23 immigrants who arrived in that State during the immediately
 24 preceding calendar year by \$1,000.

25 (2) the entitlement of each gateway city within a State

1 for the purposes of grants under section 6 shall be subtracted
2 from the entitlement of that State and shall consist of that
3 percentage of the State entitlement which is equal to the
4 number of dollars resulting from multiplying the number of
5 immigrants who arrived in that State during the immediately
6 preceding calendar year who reside in such city by \$1,000.

7 GRANTS TO STATES

8 SEC. 5. The Secretary shall make grants each fiscal
9 year to each State, on such terms and conditions as he shall
10 establish, to carry out the purposes of this Act, for programs
11 in education, job training, counseling (including health coun-
12 seling), orientation, and other similar activities for the ben-
13 efit of immigrants. The total of such grants shall equal in
14 the case of each State the entitlement of that State under
15 section 4 (b) (1) for such fiscal year, but if sufficient funds
16 are not appropriated for that purpose the amounts of grants
17 to each State shall be reduced pro rata by the Secretary.

18 GRANTS TO GATEWAY CITIES

19 SEC. 6. The Secretary shall make grants each fiscal year
20 to each gateway city, on such terms and conditions as he
21 shall establish, to carry out the purposes of this Act, for pro-
22 grams in education, job training, counseling (including health
23 counseling), orientation, and other similar activities for the
24 benefit of immigrants. The total of such grants shall equal
25 in the case of each State the entitlement under section 4 (b)

1 (2) for such fiscal year, but if sufficient funds are not appro-
2 printed for that purpose, the amount of grants to each gate-
3 way city shall be reduced pro rata by the Secretary.

4 **DISCRETIONARY GRANTS TO GATEWAY CITIES**

5 **SEC. 7. (a)** The Secretary is authorized to make addi-
6 tional grants to gateway cities, on such terms and conditions
7 as he shall establish in addition to the requirement of sub-
8 section (b), to carry out the purposes of this Act, for pro-
9 grams in education, job training, counseling (including health
10 counseling), orientation, and other similar activities for the
11 benefit of immigrants.

12 **(b)** No grant made under subsection (a) shall exceed
13 75 per centum of the cost of the total annual programs and
14 activities conducted by such city under this section, but the
15 remaining 25 per centum may be supplied by such city from
16 funds granted under section 6.

17 **EMPLOYMENT LOCATION ASSISTANCE**

18 **SEC. 8. (a)** The Secretary is authorized to make grants
19 of up to \$250 to each immigrant arriving in the United
20 States not more than one year prior to the making of the
21 grant, to enable such immigrant to travel for the purpose of
22 changing residence from any gateway city to any State other
23 than that in which such gateway city is located, if an em-
24 ployer in the place to which such immigrant is to travel under
25 the grant certifies that such employer will employ that im-

1 migrant. In addition, the Secretary is authorized to make
2 grants of up to \$250 to each member of an immigrant's im-
3 mediate family to enable such member to accompany the
4 immigrant in travel assisted under this subsection.

5 (b) The United States Employment Service is directed
6 to establish and maintain programs in gateway cities of job
7 referrals for immigrants to jobs available in States other
8 than that in which such gateway city is located.

9 AUTHORIZATION OF APPROPRIATIONS

10 SEC. 9. (a) There are authorized to be appropriated
11 such sums as are necessary for the purposes of grants under
12 sections 5, 6, and 7. If sufficient funds are not appropriated
13 for any fiscal year for the purposes of grants under sections 5,
14 6, and 7 no funds shall not be allocated under section 7 until
15 all funds available shall have been allocated under section 6,
16 and no funds shall be allocated under section 6 until all funds
17 available have been allocated under section 5.

18 (b) There is authorized to be appropriated the sum of
19 \$20,000,000, to remain available until expended, for grants
20 and programs under sections 8 (a) and 8 (b).

95TH CONGRESS
1ST SESSION

S. 133

IN THE SENATE OF THE UNITED STATES

JANUARY 10, 1977

Mr. INOUE (for himself and Mr. MATSUMAGA) introduced the following bill;
which was read twice and referred to the Committee on Labor and Public
Welfare

A BILL

To amend the Public Health Services Act to provide for financial grants to States in order to insure the delivery of high quality health services for persons who have recently immigrated to the United States.

Whereas the annual number of new (aliens) immigrants to the United States has increased by 33 per centum since 1965 and that there are now in excess of 4,100,000 (aliens) immigrants residing in our country, and;

Whereas the immigration policy of our Nation is established by the Federal Government but that the individual States are required to provide for the health needs of these future citizens, and;

Whereas during the transitional period these future citizens have many unique health needs and difficulties because of cultural, language, and religious differences, and;

Whereas it is found that in 1973, nearly 70 per centum of our (aliens) immigrants resided in six States because of their geographical location—

The Congress of the United States therefore finds that a situation exists in which a few States are being asked to bear a disproportional share of a national responsibility.

Accordingly, the Congress of the United States further finds that the Federal Government should assist the States in insuring and providing for high quality health services for all of our new Americans.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled.*
 3 That this Act may be cited as the "New American Health
 4 Services Act of 1975".

5 SEC. 2. Section 325 of the Public Health Services Act
 6 (42 U.S.C. 252) is amended to read as follows:

7 "NEW AMERICAN HEALTH SERVICES

8 SEC. 325. (a) The Secretary is authorized to make
 9 grants to the individual States for the purpose of insuring
 10 high quality comprehensive health services for (aliens) im-
 11 migrants residing in the United States through the establish-
 12 ment and support of—

13 "(1) health services projects;

14 "(2) counseling and educational programs, and;

15 "(3) related evaluation efforts

16 "(b) From the sums appropriated to carry out the pur-
 17 poses of this part, the Secretary is authorized to allot propor-

1 tions to the individual States based upon the number of
2 (aliens) immigrants residing in the States, and on his eval-
3 uation of the urgency of providing health services to desig-
4 nated high impact areas.

5 “(c) No application for a grant under this subsection
6 may be approved unless the Secretary determines that—

7 “(1) there exists a formal State plan for the pro-
8 vision of health services to (aliens) immigrants which
9 has been submitted to and approved by the Secretary
10 which—

11 “(A) designates—

12 “(i) a State planning and advisory council,
13 to be responsible for submitting revisions of the
14 State plan and transmitting such reports as may
15 be required by the Secretary;

16 “(ii) except as provided in clause (3), the
17 State agency or agencies which shall administer
18 or supervise the administration of the State plan
19 and, if there is more than one such agency, the
20 portion of such plan which each will administer
21 (or the portion the administration of which each
22 will supervise) ; and

23 “(iii) a single State agency as the sole
24 agency for administering or supervising the
25 administration of grants under the State plan,

1 except that during fiscal year 1970, the Sec-
2 retary may waive, in whole or in part, the re-
3 quirements of this paragraph;

4 "(B) describes—

5 "(i) the quality, extent, and scope of serv-
6 ices being provided, or to be provided, to
7 (aliens) immigrants under such other State
8 plans for federally assisted State programs as
9 may be specified by the Secretary, and;

10 "(ii) how funds allotted to the State in ac-
11 cordance with this section will be used to com-
12 plement and augment rather than duplicate or
13 replace services and facilities for (aliens) immi-
14 grants who are eligible for Federal assistance
15 under such other State programs;

16 "(C) sets forth policies and procedures for
17 the expenditure of funds under the plan, which,
18 in the judgment of the Secretary, are designed to
19 assure effective continuing State planning, evalua-
20 tion, and delivery of services (both public and
21 private) for (aliens) immigrants.

22 "(D) contains or is supported by assurances
23 satisfactory to the Secretary that—

24 "(i) applications for such funds from
25 other public or nonprofit private agencies, insti-

1 tutions, and organizations will be seriously
2 considered;

3 “(ii) such funds will be used to supple-
4 ment and, to the extent practicable, to increase
5 the level of funds that would otherwise be made
6 available for the purposes for which the Fed-
7 eral funds are provided and not to supplant such
8 non-Federal funds; and

9 “(iii) there will be reasonable State finan-
10 cial participation in the cost of carrying out
11 the State plan;

12 “(E) provides that services and facilities fur-
13 nished under the plan for (aliens) immigrants will
14 be in accordance with standards prescribed by
15 regulations, including standards as to the scope and
16 quality of such services and the maintenance and
17 operation of such facilities, except that during fiscal
18 year 1976, the Secretary may waive, in whole or
19 in part, the requirements for this paragraph.

20 “(F) provides that the State planning and ad-
21 visory council shall be adequately staffed, and shall
22 include representatives of each of the principle
23 State agencies and representatives of local agencies
24 and non-governmental organizations and groups

1 concerned with health services for (aliens) immi-
2 grants: *Provided*, That at least one-third of the
3 membership of such council shall consist of repre-
4 sentatives of consumers of such services.

5 "(G) provides that the State planning and ad-
6 visory council will from time to time, but not less
7 than annually, review and evaluate its State plan
8 approved under this section and submit appropriate
9 modifications to the Secretary.

10 "(II) provides that the State agencies desig-
11 nated pursuant to paragraph (a) will make such
12 reports, in such form and containing such informa-
13 tion, as the Secretary may from time to time rea-
14 sonably require, and will keep such records and af-
15 ford such access thereto as the Secretary finds neces-
16 sary to assure the correctness and verification of
17 such reports.

18 "(I) describes the methods to be used to assess
19 the effectiveness and accomplishments of the State
20 in meeting the needs of (aliens) immigrants.

21 "(J) (i) provides for a statewide inventory of
22 existing programs and facilities, and develops a sur-
23 vey of need including the assignment of priorities;
24 and

25 "(ii) meets the requirements proscribed by the

1 Secretary for furnishing needed services to persons
2 made to pay therefore.

3 "(K) specifies the per centum of the State's
4 allotment for any year which is to be devoted to
5 construction or renovation of facilities, which per
6 centum shall not be more than twenty-five per
7 centum of the State's allotment or such lesser per
8 centum as the Secretary may from time to time
9 prescribe.

10 "(L) provides for such fiscal control and fund
11 accounting procedures as may be necessary to as-
12 sure the proper disbursement of and accounting for
13 funds paid to the State under this part; and

14 "(M) contains such additional information and
15 assurances as the Secretary may find necessary to
16 carry out the provisions and purposes of this part.

17 The Secretary shall approve any State plan and any
18 modification thereof which complies with the above pro-
19 visions. The Secretary shall not finally disapprove a
20 State plan except after reasonable notice and opportu-
21 nity for a hearing to the State.

22 "(2) The State and area comprehensive planning
23 agency designated under section 314 has approved such
24 project.

25 "(3) Such projects are community-based and

1 whenever possible, are integrated with a wide range of
2 public and private agencies.

3 " (4) Such projects are conducted in cooperation
4 with the Department's Center for Disease Control.

5 " (5) There are adequate safeguards for the protec-
6 tion of the confidential nature of the doctor-patient and
7 other surveyors of health service relationship.

8 " (6) The State shall insure that each applicant for
9 State funds under this program:

10 " (A) has prepared a schedule of fees or pay-
11 ments for the provision of services, specified by the
12 Secretary, designed to cover its reasonable costs of
13 operating and a corresponding schedule of discounts
14 to be applied to the payment of such fees or pay-
15 ments, which discounts are adjusted on the basis of
16 the patient's ability to pay, which have been ap-
17 proved by the Secretary; and

18 " (B) has made and will continue to make
19 every reasonable effort to secure from patients pay-
20 ment for services in accordance with such approved
21 schedules: *Provided*, That in securing reimburse-
22 ment for services to individuals who are entitled
23 to insurance benefits under title XVII of the Social
24 Security Act, to medical assistance under a State
25 plan approved under title XIX of such Act, or to

1 assistance for medical expenses under any other
 2 public assistance program or private health insur-
 3 ance program, the applicant will collect reimburse-
 4 ment for the full amount of any fee or payment,
 5 without application of any discount; and

6 "(C) has submitted to the Secretary such
 7 reports as he may require to determine compliance
 8 with this paragraph.

9 "(7) there is provision for such accounting of finan-
 10 cial controls as may be necessary to insure the proper
 11 disbursement of Federal funds; and

12 "(8) Federal funds made available under this part
 13 shall be used to supplement and not supplant the level
 14 of State, local, other non-Federal, or Federal assistance
 15 for which these projects might be eligible.

16 "(d) In making grants under this part, priority shall
 17 be given to those applicants who—

18 (1) demonstrate a capability to provide preventive
 19 health services such as, but not limited to:

20 "(A) dental services;

21 "(B) family planning services;

22 "(C) home health services;

23 "(D) nutritional services;

24 "(E) public health nursing services;

25 "(F) vision services;

1 “(2) provide procedures to identify and eliminate
2 barriers for the effective delivery of health services to
3 (alien) immigrants.

4 “(c) For the purpose of this part, the term immigrant
5 includes, but is not limited to, American Samoan.

6 “(f) Individuals who have resided in the United States
7 for more than five years shall not be considered (alien)
8 immigrants for the purposes of this part.

9 “(g) There are authorized to be appropriated for the
10 purpose of carrying out this part \$50,000,000 for the fiscal
11 year ending June 30, 1976; \$70,000,000 for the fiscal year
12 ending June 30, 1977, and \$80,000,000 for the fiscal year
13 ending June 30, 1978.”

PART I - PROBLEMS

1. Role of the Bilingual Aide

The federal guidelines require that target students served by the project be taught the regular courses in their native language and English. This requirement can be achieved efficiently through a bilingual teacher. However, due to the absence of teachers in the public school system who are proficient in English and in the target languages for 1974 to 1977, namely, Ilokano, Samoan or Korean, bilingual aides were hired to achieve the goals of a bilingual/bicultural program as required by law.

The instructional model of the Hawaii Bilingual/Bicultural Education Program (HB/BEP) is, therefore, conceived to meet the limitations which have existed in the educational workforce. This model is appropriately referred to as the "bilingual aide" model. In this model, the bilingual aide's primary role is instructional and involves (1) working together with the regular non-bilingual classroom teacher in developing classroom activities for the target students and (2) teaching the target students in their native tongue and in English (HB/BEP Continuation Project Proposal for 1976-77, April, 1976). The backbone of the HB/BEP is, therefore, the bilingual aide.

Problem: A recurrent complaint noted from different sources has been the inability of bilingual aides to function according to their defined role. In many instances, the aides are used for classroom discipline, slow learner tutoring, and other

non-instructional tasks such as cafeteria and yard duty. Some of the aides do not meet with their target students regularly as outlined in their proposed daily schedule; are not given enough time to teach the target students; and are even told not to use the target students' native tongue. Some of the aides are not involved in planning classroom activities. While there are those who are able to integrate native cultural studies with language arts or math despite the absence of clear provisions for this to occur, there are aides who are not able to do so.

These problems can severely undermine the achievement of the goals of the program. It appears that they are largely due to inadequate understanding of program basics by the regular classroom teacher and principal. It should be noted that some teachers have not had in-service training. In two schools, none of the teachers have had any. In one of these two schools, the bilingual aides are new. The expectation that new aides and teachers who have not had in-service training can adequately implement the project is unrealistic.

Problem: Aides are asked to do more than what they can competently achieve. Some of the aides are asked to help children of other native language groups. Aides who are assigned in classes which use the Hawaii English Project^(HEP) do not get the chance to use HB/BEP materials nor develop materials on their own. They do not find culture integration using HEP materials easy, particularly since no provisions have been made for the desired integration to occur.

Also, each aide normally works with two teachers in two self-contained classes or one teacher per class. However, an aide who is assigned in Three on Two classes needs to work with six teachers, or three teachers per class. The problems are compounded for aides who are assigned in classes which are both HEP and Three on Two. The instructional role of the aide is often thwarted not only by the absence of opportunity to use the HB/BEP materials but also by the limited time given them to work with the teacher in managing the target students' learning environment and activities.

While these problems seem to stem from inadequate understanding of the program, they can also be due to the absence of provisions for the integration of the program in either the HEP and/or Three on Two settings.

Problem: According to the HB/BEP Continuation Proposal for 1977-78 (March 9, 1977), 60 half-time aides have served in 81 classrooms each with an average of 7 or 8 target students in 1976-77. However, when the actual average is carefully computed, the average number of target students per aide per class is 14. If the project staff were to compute the average for Ilokano, Samoan, and Korean aides, they will find that the Ilokano average is greater. There is also a great disparity in the number of students assigned to each aide. Some of the aides serve as many as 27 students while there are those who are assigned only five. There appears no systematic formula used in the ratio of aide to target students although the concept of teacher-student ratio

is adhered to closely. Consequently, the aide in a high ratio situation is forced to either attend only to the most needy or attempt to accomplish less than what is needed by all the target students.

Problem: On the other hand, while too many students is a problem, the non-assignment of students who meet the definition of target students, particularly in schools where the target language group comprises a big percentage of the population, is a problem for other aides. This problem seems to be due to the absence of a uniform application of the definition of target students by those who make decisions on the assignment of students to aides.

2. Evaluation and Up-Grading of the Bilingual Aide

Some of the aides have applied for regular teaching positions in the state before and during their service as aides. Some have sought being included in the active file and some have been certificated. In addition to meeting the minimum requirement of two years teaching experience, some have completed their masters degree program, have double masters or have had substantial (as long as 30 years) teaching experience in their native country.

Some of the aides are reported to actually assume full teaching responsibility almost daily. Those who are not given full teaching opportunities and are not used appropriately are frustrated because they are confident that they can function as regular teachers with or without additional formal teacher training.

One teacher commented that if the teacher-aide relationship could be patterned after the teacher-practice-teacher model and if she were to certify the performance of the aides on the basis of this model, some would receive high ratings.

Problem: There exists no policy or plan to upgrade the bilingual aide to become a regular bilingual teacher. Instead of a training program which will upgrade and, consequently, as a side-effect, advance the status of the affirmative action plan for the employment of the under-represented minorities in the DOE workforce, there exists plans to develop " . . . model training program and in-service training in bilingual education for classroom aides, school-home aides, and regular classroom teachers" (HE/BEP Continuation Project Proposal for 1977-78, p. 2). This plan excludes the possibility of affirmative aide-upgrading which many aides desire in the years to come. It should be noted that the evaluation report for the 1975-76 HB/BEP recommended the upgrading of aides.

As an educational assistant, an aide only earned in 1976-77 a yearly salary of \$3,996.00 (proposed to be \$4,283.00 in 1977-78). While their half-time schedule runs from 8:00 AM to 12:00 PM (Memo to Charles Clark from Emiko Kudo, June 3, 1976), they are asked to perform other tasks which are non-instructional and which require the aides to work beyond their hours. One teacher asked whether the HB/BEP could ask the PTA to give aides some compensation for extra hours spent in PTA activities, parent-teacher conferences and other tasks which they are often requested

to perform.

The high turnover rate among aides is a serious problem which can be due to adverse working conditions and low pay.

3. Continuation of HB/BEP Services Beyond Federal Funding of the Demonstration Project

According to responses of DOE officials to inquiries made by a principal and teachers as to whether or not HB/BEP services for Ilokano limited English speakers will be continued in Grades K to 3 and extended to the upper grades after federal B/B funding ends in 1977, federal ESA funding and supplementary personnel through federal and state employment training programs are being sought. The awarding of federal B/B funds to the state was predicated upon many provisions which include the ability and intent of the State to continue the program once its effectiveness has been reasonably established.

Problem: What have been absent in the planning efforts are provisions for the study of how much the cost per child would be were the state to continue the program as part of its general or special education programs (without the expensive research and development cost incurred by a demonstration program). Consequently, it is possible that more efficient delivery models are not getting adequate attention. One obvious alternative to the bilingual aide model is the bilingual teacher model.

It should be noted that the evaluation report for the 1975-76 HB/BEP (Brislin, et al., 1976) recommended the vertical and horizontal expansion of the HB/BEP.



STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. BOX 3376
HONOLULU, HAWAII 96801

May 11, 1978

Appendix E
GEORGE A. YUEN
DIRECTOR OF HEALTH

AUDREY W. WENTZ, M.D., M.P.H.
DEPUTY DIRECTOR OF HEALTH

HENRY N. THOMPSON, M.A.
DEPUTY DIRECTOR OF HEALTH

JAMES S. KUMOGAI, PH.D., P.E.
DEPUTY DIRECTOR OF HEALTH

TADAO KAPPU
DEPUTY DIRECTOR OF HEALTH

In reply, please refer to

File _____

MEMORANDUM

To: George Yuen, Director of Health, Defendant
Deditcho Mangrobang, Plaintiff

From: Yuen-Mangrobang Ad Hoc Committee: Forman, Chung, Araki, Choy, Ling

Subject: Report and Recommendations of Committee According to the Compromise -
U.S. District Court, Civil #76-0365

I. INTRODUCTION

A. Background

On October 4, 1976, Civil Suit #76-0365 -- Mangrobang (Plaintiff) vs. Yuen (Defendant) was filed in the U.S. District Court. This was a class action against Defendant George A. L. Yuen, Director, Hawaii State Department of Health, "for allegedly failing to implement comprehensive programs within the Department to insure that non-English speaking persons in Hawaii have the same ease of access as English speaking persons to federally assisted health care services as required by federal regulations and laws." "A proposed compromise upon stipulated judgements" was consented to by Mangrobang and Yuen and filed in the U.S. District Court March 2, 1978.

Both parties consented inter alia in the stipulated judgement to a court ordered formation of a five member committee which would be assigned, in brief, the following functions, duties, and responsibilities. The committee shall:

1. Within two months of formation, make and approve recommendations as to the bilingual service capability minimally necessary in the Department of Health so that it may serve the Hawaii population of non-English speaking people in compliance with federal regulations and laws. "In making and approving the foregoing recommendations, rather than specifying any absolute number of aides needed to provide Statewide service, the committee shall recommend and approve formulas, in the nature of ratios between bilingual workers and non-English speaking health care recipients, which may be used without regard to fluctuating population figures."

2. In making and applying the foregoing recommendations, consider various matters listed in paragraphs B and C, page 8, of the stipulated judgement.
3. In seeking acceptable alternatives in the provision of bilingual service, make at least two, and preferably more, recommendations of its own, regarding acceptable methods for satisfactorily meeting the health care needs of non-English speaking persons.
4. Review the Department's initial implementation decision to determine whether the committee's recommendations chosen by the Director for implementation is being implemented in good faith.
5. Annually, on or before November 15, 1978 and November 15, 1979, review the Department's performance in the provision of bilingual services to ascertain whether the recommendation chosen is being implemented in good faith.

B. Members of the Committee

The committee was formed with the five members required in the stipulated judgement on February 28, 1978:

Sister Earnest Chung, selected by Plaintiff.
 Sheila Forman, selected by Plaintiff.
 Christine Ling, Department of Health, selected by Defendant.
 Abraham L. Choy, Department of Health, selected by Defendant.
 Mako Araki, selected by committee members with concurrence of Plaintiff and Defendant.

II. RECOMMENDATIONS

The following are the committee's recommendations as to the combinations of outreach and non-outreach workers which are minimally necessary to assist or enable the Department to serve the Hawaii population of non-English speaking people in a manner consistent with the obligations of the Department under the regulations of the United States Department of Health, Education, and Welfare (45 C.F.R. S 80.3 (a) and (b)) and the most recent "Statement of Compliance with DHEW Regulations Under Title VI, Civil Rights Act of 1964", prepared by the Department and approved by the Office of Civil Rights, United States Department of Health, Education, and Welfare.

A. Ratios of bilingual workers to non-English speaking health care recipients and public health care recipients -

The committee reviewed figures for persons served per staff member in a number of Department of Health service categories subsumed under "general community health education and bilingual assistance" (Ling, 1978)¹ and public health nursing (Burch, 1978)². The committee

¹Ling - April 18, 1978 Committee Report

²Research and Statistics Report, Issue #21, March 1978

also reviewed informal statistics from Catholic Social Services' bilingual outreach workers for the elderly. The number of persons served varied widely and ranged from 183 to 1,200 per staff person per year. Thus, variable minimal ratios need to be determined for specific Department of Health job positions and classifications.

Based on available data (cutting across job classifications, and combining outreach and non-outreach categories) the committee recommends an overall minimum ratio of 1 bilingual worker per 600 non-English speaking health care recipients and public health care recipients per year. Burch states in Research and Statistics Report #20 that this figure as of February, 1978 is 39,784 for adults.

The Department of Health should provide an implementation plan that spells out numerical ratios for specific outreach and non-outreach job classifications within this overall ratio recommended by the committee. These ratios should be comparable to those currently in effect for the English-speaking population in the Department of Health.

The committee defines "non-English speakers" as those whose command of English is insufficient to gain access to a comparable range of health services as is accessible to English speakers. It defines "bilingual workers" as those whose command of an appropriate language other than English, as well as English, (where translation and mediation is necessary) is sufficient to provide access to health services for non-English speakers.

Therefore, the committee recommends that in conducting surveys to determine current "non-English speakers" in Hawaii, and "bilingual workers" in the Department of Health, the Department of Health require a demonstration of a language proficiency in appropriate languages that would reflect a level of competence sufficient to gain or provide access to health services.

The current surveys (Burch, 1978¹ and Ling, 1978²) do not provide for such an objective test. The committee recommends that data from these surveys be used only as interim measures and that the Department of Health conduct surveys for both "non-English speakers" and "bilingual workers" prior to the November annual review of its implementation of this committee's recommendations.

B. Range of Services

There is a need for a variety of bilingual professional and non-professional workers in the health care field. These workers will provide necessary direct services such as outreach, assessment of needs, information and referral (both direct contact or via telephone), and language interpretation. Other examples are nursing services, psychiatric evaluations (appropriate to cultural background), psychiatric treatment and other related health care services.

Since translators and similar interpretive resource personnel may themselves present a barrier in the delivery of direct services to

¹Research and Statistics Report, Issue #20, February 1978

²Ling - Internal Survey of Bilingual Capabilities

non-English speaking recipients, the committee recommends that the whole range of services be included in the implementation plan.

C. Cultural Factors

*fact: 1?
definition?*

The committee recommends that familiarity with cultural features of non-English speaking populations be incorporated as a job performance for a Department of Health bilingual worker. Such familiarity would include at least some knowledge of

1. health practices, diagnostic categories, and treatment alternatives for relevant (appropriate) non-English groups.
2. culturally appropriate relationships and interactions between health provider and clients.

The Department of Health should consider in-service training programs directed at cultural awareness for all staff in direct public contact.

D. Application of Ratio

The proper application of the ratio cited in A above depends not only on workers' bilingual abilities (as defined by the committee), but on their actual availability, accessibility and utilization in providing equal access to health care for non-English speakers.

The committee recommends that in its implementation plan the Department of Health indicate whether bilingual workers' job descriptions specifically provide for services to non-English speakers. The Department of Health should also indicate the number of workers

1. for whom bilingualism is or will be a minimum condition of hire, and
2. who are operating under "fee-for-service" contracts.

E. Subcontractors

The committee recommends that the Department of Health spell out procedures and schedules for monitoring subcontractors with respect to Title VI compliance (3.2 and 6.5), and the implementation of this committee's recommendations.

F. Permanency for Bilingual Staff

The committee recommends that in its implementation plan, the Department of Health make every effort to make permanent the positions found to be necessary for equal access. Further, the Department of Health should include in the plan those present bilingual worker positions funded by State and CETA.

G. Support Funding

The committee recommends sufficient support funds for the bilingual staff in terms of literature, ~~102~~ interpreted materials and mass media.

H. Time Schedules

The Department of Health should submit to the committee a schedule for implementation of the plans.

Mako Arai

MAKO ARAKI

Abraham L. Choy

ABRAHAM L. CHOY

Sister Earnest Chung

SISTER EARNEST CHUNG

Sheila Forman

SHEILA FORMAN

Christine Ling

CHRISTINE LING



OFFICE FOR CIVIL RIGHTS

Appendix F
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGIONAL OFFICE
100 VAN NESS AVENUE
SAN FRANCISCO, CALIFORNIA 94102
(415) 556-8730

October 25, 1978

Mr. Andrew I. T. Chang, Director
Department of Social Services and Housing
State of Hawaii
P. O. Box 339
Honolulu, Hawaii 96817

Dear Mr. Chang:

As you know, under the authority of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, this office conducted, from February 27 to March 10, 1978, an on-site review of the Hawaii Department of Social Services and Housing's (DSSH) programs which receive Federal financial assistance through the Department of Health, Education, and Welfare (HEW). During the on-site review, the Office for Civil Rights' (OCR) investigators, Floyd Adams, Ronald Dizon, Lorenzo Avila, and Lee Polony, conducted interviews with DSSH top administrative staff, branch administrators in Honolulu and in the neighbor islands of Maui and Hawaii (Big Island), line staff, and a number of community representatives of organizations and agencies in the State of Hawaii. In addition, our investigators also collected and reviewed available DSSH records and statistics, relevant to the review, on client utilization of its programs.

The purpose of this letter is to report to you the findings of our Title VI and Section 504 review, and our recommendations relative to these findings. DSSH operates programs receiving Federal financial assistance through HEW and therefore is required to comply with the provisions of Title VI of the Civil Rights Act of 1964 and its implementing Regulation (45 CFR Part 80), and Section 504 of the Rehabilitation Act of 1973 and its implementing Regulation (45 CFR Part 84).

Title VI provides that:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance.



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Section 504 provides that:

No otherwise qualified handicapped individual in the United States... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

HEW's implementing regulations (Attachments 1 and 2) for Title VI and Section 504 also provide that each recipient take certain steps to assure that equal access to services and equal opportunity to participate in their Federally-funded programs are provided to clients.

Under Title VI, Section 80.3(b)(2) states:

A recipient, in determining the types of services... may not, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of race, color, or national origin, or have the effect of defeating or substantially impairing accomplishments of the objectives of the program as respect individuals of a particular race, color, or national origin.

Under Section 504, Section 84.4(b)(4) states:

A recipient may not, directly or through contractual or other arrangements, utilize criteria or methods of administration (i) that have the effect of subjecting qualified handicapped persons to discrimination on the basis of handicap, (ii) that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the recipient's program with respect to handicapped persons, or (iii) that perpetuate the discrimination of another recipient if both recipients are subject to common administrative control or are agencies of the same State.

Pursuant to both implementing regulations, every State agency which is an applicant for Federal financial assistance must, as a condition of approval or extension of Federal financial assistance, furnish a statement providing for such methods of administration for the program as are found by the responsible HEW official to give reasonable assurance that the applicant and all recipients of the assistance will comply with all requirements imposed by or pursuant to 45 CFR Part 80 and 84. In July, 1965 and in April, 1977, DSSH provided us with such assurance with respect to Title VI, and on July 8, 1977, DSSH provided us with similar assurances under Section 504 (Attachments 3 and 4).



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The Office for Civil Rights has concluded, based on the available data and evidence gathered, as well as statements by DSSH officials to our investigators, that DSSH is in non-compliance with Title VI of the Civil Rights Act of 1964 and its implementing Regulation, and with Section 504 of the Rehabilitation Act of 1973 and its implementing Regulation. With respect to Title VI, DSSH must as a condition of Federal financial assistance, comply with both Section 80.3(b)(2) (quoted above) and Section 80.4(b). Section 80.4(b) provides that:

Every application by a State or a State Agency to carry out a program involving continuing Federal financial assistance to which this regulation applies...shall as a condition to its approval and the extension of any Federal financial assistance pursuant to the application... (2) provide or be accompanied by provisions for such methods of administration for the program as are found by the responsible Department official to give reasonable assurance that the applicant and all recipients of Federal financial assistance under such program will comply with all requirements imposed by or pursuant to this regulation.

DSSH has failed to implement its Methods of Administration (MOA) in the following areas:

1. Provide adequate bilingual services to its limited- and non-English speaking clients to insure equal access and equal services in its Federally-assisted programs.

In its MOA, Section 2250.3, Part 3, DSSH recognizes the need to provide bilingual services to that part of its clientele whose English communication skills are limited or absent. By all accounts, the problem is a significant one. The Language Survey conducted in 1976-77 by the Hawaii Department of Health shows that about 7% of the State's population is limited- or non-English speaking; of that total, approximately 33% were Filipino, 33% Japanese, 9% Chinese, 7% Korean, and the remaining 18% categorized as other. Responsible community sources have provided evidence that the Language Survey 7% total is a conservative estimate.

DSSH officials admitted that the Department treats its limited- and non-English speaking clientele different from its English speaking clientele, which results in unequal services to the limited- and non-English speaking clients. They stated that if the limited- and non-English speaking clients did not bring their own bilingual interpreters when seeking DSSH services, those clients had to wait much longer before receiving services than English speaking clients. They said this occurred because very often DSSH's bilingual



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The HEW policy statement (found in "HEW and Civil Rights" booklet, Page 9, copy enclosed), regarding requirements of Federal recipients relative to National Origin Minority Groups, states:

In communities with large numbers of national origin minority persons, such as Spanish-surnamed Americans, Orientals or American Indians, special measures to deal with language problems must be undertaken. This may require a State agency to make sure that it has personnel with skills to assist members of national origin minorities. It also may be necessary for an agency to provide special information and education programs. And nursing homes and other facilities may have to advertise their services in ways that will reach national origin minorities. [See also 45 CFR Section 80.3(b)(2); and Lau v. Nichols, 414 U.S. 563 (1974).]

2. Collect and maintain adequate racial/ethnic and language records and reports (data) to be submitted or made available to the responsible HEW official as may be required to insure compliance under HEW's Title VI implementing Regulation.

DSSH's administrators, as well as key staff in its Research and Statistics Office, stated that the Department had limited, incomplete, and, in some instances, no racial/ethnic and language data on clients in its HEW-funded programs. They stated that this is especially so with respect to participants in its vocational rehabilitation program; they said that they could not provide OCA with an accurate, or even a nearly accurate, racial/ethnic and language breakdown of the clients in that program. They said they had never viewed the collecting, maintaining, and analyzing of such data as important for the delivery of equal services or the success of the Department programs. They said that DSSH's data collecting system, as currently programmed and utilized, could not show or give a good indication of the numbers of types/categories of racial/ethnic or language groups receiving services from the Department.

In its letter of April 13, 1977, under the part labelled Collecting, Maintaining and Analyzing Racial and Ethnic Data on Clients, DSSH states:

This will be done on a quarterly basis beginning March 1977. All other items which require specific implementation such as providing recipients with information, providing bilingual service, etc. are already being done.

In DSSH's MOA, under Section 2250.7, Part 1, a, b, and c, it reads:



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1. All divisions, programs, and support units of the Department shall assume responsibility for:
 - a. Maintaining records;
 - b. Providing information and reports;...
 - c. Collecting, maintaining and analyzing racial and ethnic data on clients to help ensure that the Division is providing equal services to all racial and ethnic groups.

HEW's Title VI implementing Regulation requires, under Section 80.6(b), that:

Each recipient shall keep such records and submit to the responsible Department official or his designee timely, complete and accurate compliance reports at such times, and in such form and containing such information, as the responsible Department official or his designee may determine to be necessary to enable him to ascertain whether the recipient has complied or is complying with this part. For example, recipients should have available for the Department racial and ethnic data showing the extent to which members of minority groups are beneficiaries of and participants in Federally-assisted programs...

DSSH's failure to collect, analyze, and have available such data is a violation of the above section and its MOA, which further compounds DSSH's civil rights deficiencies and impedes OCR's efforts to carry out its mandated responsibilities.

3. Inform and instruct/train its staff concerning their responsibility and obligations under Title VI.

Approximately 90% of all staff persons interviewed during our on-site review stated that they had not received any Title VI training/orientation and that to their knowledge, DSSH had not established any effective means of providing such training for staff. They also stated that they were unaware of Title VI compliance requirements and did not understand what their responsibilities as DSSH staff persons were under Title VI; that they did not know that DSSH had a MOA (civil rights plan); that DSSH did not disseminate Title VI information to staff; and that they were unaware of who DSSH's civil rights coordinator, officer(s) was or if there were one. Staff persons making these statements included division and branch administrators, section and unit supervisors, as well as line staff in both the Welfare and Vocational Rehabilitation Divisions, in DSSH offices in Honolulu, Maui, and the Big Island. Staff



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persons in the Services Program Development and Staff Services Office units of DSSH, who have a special responsibility for the training and orienting of staff, stated that they were not providing Title VI training to the staff and that they (the trainers) probably knew the least about the requirements of Title VI.

Most of DSSH's public-contact staff interviewed stated that in their contacts with clients and potential clients they had failed to inform them of their rights under Title VI and had not advised them of either their right to file a Title VI complaint or the procedure for doing so.

In DSSH's letter to OCR of April 13, 1977 (which was accompanied by its updated MOA), under the part labelled Staff Training, it stipulates that:

Staff training relative to the need to comply with civil rights requirements occurs now each time a new employee is oriented to the Department and its programs...Concomitant with the development of compliance review procedures, staff training procedures will be developed to train staff on the specific requirements they will have to meet to comply with our civil rights rules and regulations. This will be done by July 1977.

Also, in DSSH's MOA ("Rule 57—Rules and Regulations Governing Civil Rights" under Section 2250.3, Part 2, it states:

The Department will conduct periodic compliance reviews and all employees of the Department shall actively participate in carrying out the intent of the Civil Rights Act by:

- a. Not engaging in any acts of discrimination, and
- b. Reporting to the Director of any instances of alleged discrimination within or outside the agency.

Section 80.4(b) of HEW's implementing Regulation requires a recipient to develop and implement civil rights methods of administration to assure that the recipient will comply with all requirements imposed by or pursuant to the implementing Regulation.

In the absence of civil rights training for staff, it is impossible for the Department to implement its MOA, to inform the public of Title VI's requirements for equal services and recourse through complaint procedures in case of problems, or properly to handle such complaints.



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During our on-site review, statements made by DSSH staff, including management and non-management staff, indicated that DSSH has taken an insensitive view toward the provision of services to its new immigrant population. Several staff persons volunteered stories about their experiences with members of the more recent immigrant groups, including Samoans, Koreans, and Filipino immigrants. They claimed that they learned that they had been counselled prior to leaving their homeland as to how to apply for welfare and how to "use the system." These staff persons expressed resentment toward the newly arrived immigrant for seeking and receiving services from DSSH; they indicated that this feeling was widespread throughout the Department. It should be noted that Title VI makes no condition of American Citizenship in order for a person to be eligible for or entitled to benefits under a Federally-assisted program. We believe that civil rights staff training in inter-cultural awareness and sensitivity orientation could resolve these problems to a significant degree, as well as equip the Department to resolve or avoid civil rights complaints.

4. Conduct periodic compliance reviews or implement an effective means of monitoring and assuring the continued compliance of its programs and vendors.

DSSH has not implemented a periodic review process and has not established an effective monitoring system to assure the continued Title VI compliance of its programs and vendors. Also, it has not established any effective means of informing its vendors and providers of services of their responsibility under Title VI. This was stated by most staff interviewed, including administrators and civil rights coordinators.

Moreover, there is no unit/office in DSSH assigned to actively carry out the Title VI reviewing and monitoring responsibility of DSSH with respect to its program and vendors/contractors.

We would point out that in DSSH's letter of April 13, 1977, under the part labelled Compliance Reviews, DSSH states:

Compliance reviews are the heart of an affirmative action approach in implementing the Civil Rights Act. With respect to vendors, we are already conducting compliance reviews annually. With respect to our own direct services programs, we have yet to spell out the specific procedures we will observe in carrying out the compliance reviews. This will be done by July 1, 1977. Frequency of the reviews will also be established by then.



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Under Section 2250.4, Part 3, of DSSH's MOA, it states:

Periodic on-site visitation will be made to monitor and conduct program audit to ensure that the contractor(s) is providing services...in accord with the Civil Rights Act.

DSSH's failure to effectively assure the continued Title VI compliance of its programs and vendors violates Section 80.4(b) of Title VI and DSSH's own MOA as quoted above.

TITLE VI REQUIREMENTS

The Department should immediately establish, implement, and maintain:

1. An effective method of providing necessary bilingual services and interpretative services to its clientele having need of such services. This provision of services should include DSSH having readily available sufficient numbers of bilingual staff, as well as adequately disseminating civil rights and vital program information printed in relevant languages besides English, to further assure effective communication with its limited- and non-English speaking clientele.
2. An effective on-going system to collect, analyze, and utilize racial, ethnic, and language data so as to have a sound means of measuring the needs and adequacy of services provided to minority and limited/non-English speaking clientele.
3. An effective on-going Title VI civil rights training program to orient its staff on Title VI requirements and concerns, as well as to inform clients and the public of Title VI and relevant complaint procedures.
4. An effective system to monitor and assure the continued Title VI compliance of its vendors (including informing its vendors and referral sources of their Title VI responsibility) its divisions and its branches.

The Department has failed to implement and comply with Section 504 of the Rehabilitation Act of 1973 in the following areas:

1. Accessibility of the Program

Section 84.22(a) and 84.22(b) of the implementing Regulation state: